

KAIROS PRISON MINISTRY INTERNATIONAL
SOUTH CAROLINA STATE CHAPTER COMMITTEE
NOMINATION FORM FOR STATE LEADERSHIP POSITION

Nominee's Name _____

Position for which nominated _____ *

*Includes Advisory Member (non-voting) positions

Street Address (incl. City, State, Zip Code) _____

E-mail _____ Phone (Day) _____

Phone (Night) _____

Church membership _____

Number of Kairos Weekends attended/served

Kairos Inside _____ Kairos Outside _____ Kairos Torch _____

Kairos Experience (check all capacities in which candidate has served):

Weekend Leader _____ Inside Coordinator _____

Kitchen Team _____ Agape Team _____

Music Team _____ Table Leader _____

Table Assistant _____ Clergy _____

Table Servant _____ Cookie Coordinator _____

Check below any areas where candidate has special expertise or interest:

Outreach/Recruitment _____ Financial Management _____

Fundraising _____ Agape _____

Program Development _____ Website Development _____

Volunteer Training _____ Advisory Council Leadership _____

I recommend this person for the position(s) designated above and believe he/she will be a faithful servant of Kairos Prison Ministry.

Signature _____ Date _____