

KAIROS OUTSIDE of CONNECTICUT

TEAM APPLICATION PLEASE PRINT

ME GENDER (<mark>circle</mark>) F M
DRESS
Y STATE ZIP
ME PHONE WORK PHONE CELL NUMBER
TE OF BIRTH BEST TIMES TO CALL YOU
MMUNICATION PREFERENCE: Email Phone Mail
RISTIAN CHURCH AFFILIATION
FENDED 3 DAY WEEKEND (circle) Cursillo / Emmaus / Tres Dias / Via de Cristo / Kairos Outside / Kairos
rch / Kairos Inside Weekend# at (location) on (date)
e you active in a Share/Prayer Group? TYES NO Are you active in a Reunion Group? TYES NO
EVIOUS TEAM EXPERIENCE? TYES TO IF YES, CHECK ALL THAT APPLY:
ADER□ ADVISING LEADER□ SPIRITUAL DIRECTOR□ (Ordained?) □YES □NO
SIC□ (Instrument?) SONG LEADER□ KITCHEN□ SET UP□
BLE LEADER□ TABLE SERVER□ AGAPE□ FACILITIES/ANGEL COORDINATOR□ DAY ANGEL□
EAKER Talks/Meditations Given:
AGREEMENT
my signature, as a faithful member on a Kairos Outside Team:
I will obtain a current Kairos Outside Manual and will be familiar with my responsibilities as presented therein. I will make every effort to attend ALL Team Meetings.
After becoming familiar with the program, as a Christian I agree to support, in good faith, the Weekend activities, as well as the theological and scriptural content of the Talks/Meditations outlined in the Kairos Outsi Manual.
I will abide by the rules of confidentiality as set forth in the Kairos Outside Manual. I understand if I breac confidentiality during any Kairos Outside activities, I may be dismissed from the Ministry.
GNATURE DATE

All Kairos Outside Activities are drug, alcohol and fragrance free.

BRING COMPLETED APPLICATION TO FIRST TEAM MEETING

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If you will be a Team Member for the upcoming **Kairos Outside** Weekend and are on parole or probation, **written permission** from your supervising parole or probation officer is <u>required</u> a minimum of 30 days in advance of the first Team Meeting.

Please complete Section A, have your supervising officer complete Section B, and then mail this form to us.

Kairos Outside may contact your Parole / Probation Officer.

Section A – Team Member	er Information:	
Planning to work Kairos Outsi	de Weekend # on	, 20
Name of Retreat Center:		
Address		
City		
Are you on probation or parole	? (circle one)	
Section B – Parole / Prob		
Name:(please p	Title	
(please p	rint)	
Address		
City	State	Zip
Phone (work)	(cell)	
E-mail address		
Approved	_ Denied	
Signature	Date	

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