

KAIROS TEAM APPLICATION

KAIROS, INC.

You must be at least 18 years old.

Please fill in all blanks

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WK PHONE (_____) _____ FAX (_____) _____

State DL No. _____ State of DL Issue _____ Soc. Sec.No. _____

Date of Birth _____ EMAIL _____

Sex: (Circle) M F Race: (Circle) W B H OTHER _____

I ATTENDED CURSILLO / EMMAUS / VIA CRISTO _____ AT _____
DATE _____

I AM ACTIVE IN _____ CHURCH.

ARE YOU ACTIVE IN A SHARE AND PRAYER GROUP? _____

AGREEMENT

As a faithful member on a Kairos team:

1. I obligate myself to attend monthly reunions with the residents who have joined the Kairos community for a period of **one year**.
2. I will obtain a current Kairos Manual and be familiar with my responsibilities as presented therein.
3. I will make every effort to attend all team meetings.
4. After becoming familiar with the program, I agree to support in good faith the activities done on the weekend, as well as the theological and scriptural content of the talks, as outlined in the Kairos manual.
5. I will abide by all State and Institutional rules and procedures required as a condition of our entry into the Institution.
6. I will abide by the rule of confidentiality as set forth in the Kairos manual.

I understand that this application will be checked by the Louisiana Department of Criminal Justice for outstanding warrants in Louisiana and the U.S.

Kairos # _____ At _____ Weekend Dates: _____

Applicant Signature _____ Pastor of Applicant Signature _____

Mail Completed Application To The **Rector** For This Kairos Event.
(See website for details at: <http://www.kairos-louisiana.org>)