

**KAIROS PRISON MINISTRY INTERNATIONAL INC., KANSAS**  
**NOMINATION FORM FOR KAIROS WEEKEND LEADERS**  
**To be completed by the Advisory Council**

The \_\_\_\_\_ Advisory Council nominates;

Nominee's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work/Office Phone # : \_\_\_\_\_

Denomination: \_\_\_\_\_ Worships At: \_\_\_\_\_

Kairos Experience: \_\_\_\_\_

\_\_\_\_\_

Interviewed by the Advisory Council on: \_\_\_\_\_

Council Member's Comments: \_\_\_\_\_

\_\_\_\_\_

Kairos Talks Given: \_\_\_\_\_

Nominee's Attendance Record at past Team Building Meetings? \_\_\_\_\_%

Has the nominee served as a Weekend Leader in the past? \_\_\_\_\_

**I have been briefed on the requirements for being a Weekend Leader, including Advanced Kairos Training (AKT) and the Planning Guide for Leaders and will comply with those requirements.**

\_\_\_\_\_  
Signature of Nominee

Served (or will serve) as Observing Leader: on Kairos # \_\_\_\_\_ Date: \_\_\_\_\_

If approved will serve as Leader of Kairos # \_\_\_\_\_ Date: \_\_\_\_\_

Advisory Council Chair: \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

Action By (State) Committee: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

State Chair: \_\_\_\_\_ / \_\_\_\_\_  
Signature Date