

**KAIROS PRISON MINISTRY INTERNATIONAL INC., INDIANA CHAPTER  
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: \_\_\_\_\_

Outside Weekend: \_\_\_\_\_

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

Council Members Comments: \_\_\_\_\_  
\_\_\_\_\_

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

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

**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

Attended Advanced Kairos Training at: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Submitted on: \_\_\_\_\_

Action By Indiana Chapter: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_