



KAIROS OUTSIDE of Northeast Florida
 P.O. Box 440339, Jacksonville, FL 32222

TEAM APPLICATION
 PLEASE PRINT

NAME _____ GENDER (circle) F M
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____ CELL NUMBER _____
 EMAIL ADDRESS: _____
 DATE OF BIRTH _____ BEST TIMES TO CALL YOU _____
 COMMUNICATION PREFERENCE: Email _____ Phone _____ Mail _____
 CHRISTIAN CHURCH AFFILIATION _____

ATTENDED 3 DAY WEEKEND (circle) Cursillo / Emmaus / Tres Dias / Via de Cristo / Kairos Outside / Kairos Torch / Kairos Inside Weekend# _____ at (location) _____ on (date) _____.

Are you active in a Share/Prayer Group? YES NO Are you active in a Reunion Group? YES NO

Church Name _____ Church Denomination _____

Pastor's Signature _____ Date _____

PREVIOUS TEAM EXPERIENCE? YES NO IF YES, CHECK ALL THAT APPLY:

LEADER ADVISING SPIRITUAL (Ordained?) YES NO

MUSIC (Instrument?) _____ SONG LEADER KITCHEN SET

TABLE TABLE AGAPE FACILITIES/ANGEL DAY

SPEAKER Talks/Meditations Given: _____

AGREEMENT

By my signature, as a faithful member on a Kairos Outside Team:

1. I will obtain a current Kairos Outside Manual. I will read the manual and I will follow the program as it is presented in the Kairos Outside Manual with no unauthorized additions or deletions.
2. I will make every effort to attend **ALL** Team Meetings. I understand that if I miss these team meetings, I could be dismissed from the team.

3. 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 Outside Manual.
4. I will abide by the rules of confidentiality as set forth in the Kairos Outside Manual. **I understand if I breach confidentiality during any Kairos Outside activities, I may be dismissed from the Ministry.**
5. I am a Christian and I have read and agree with the Mission Statement, the Vision Statement, the CORE Values, and the Statement of Faith of Kairos Prison Ministry International.

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

Bring completed application to first team meeting, along with the signed Statement of Faith.

STATEMENT OF FAITH

The people of Kairos are called by God to share the love of Christ with those impacted by incarceration. Kairos encourages believers from a variety of Christian traditions to be volunteers in this Christ-filled ministry.

Kairos programs offer to prison residents, their families, and those who work with them the opportunity to receive God's forgiveness through faith in Jesus Christ, and to grow in their faith and servant hood in Christian community. We stand on the common ground of the following elements of faith:

We in Kairos believe:

- The Bible is God's authoritative and inspired word for our faith and our lives.
- In the Trinity of the Father, Son and Holy Spirit.
- In the deity, death and resurrection of Jesus Christ.
- Friendship with God is a free gift, for God so loved the world that He gave His one and only son so that whoever believes in Him shall not perish but have eternal life.
- The love of Jesus Christ motivates His followers to provide food for the hungry, drink to the thirsty, welcome to the stranger, clothes for the naked and visits to the sick and those in prison.
- In sharing the love and forgiveness of Jesus Christ with all incarcerated individuals, their families and to those who work with them inside and outside the correctional institution.

SIGNATURE _____

DATE _____

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 required 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 Information:

Planning to work **Kairos Outside** Weekend # _____ on _____, 20_____

Name of Retreat Center: _____

Address _____

City _____ State _____ Zip _____

Are you on probation or parole? (**circle one**)

Section B – Parole / Probation Officer:

Name: _____ Title _____
(please print)

Address _____

City _____ State _____ Zip _____

Phone (work) _____ (cell) _____

E-mail address _____

_____ *Approved* _____ *Denied*

Signature _____

Date _____