



TEAM APPLICATION

Team Application is **REQUIRED** in order to be considered as a prospective Team Member. Filling out an Application does not guarantee a position of the team.

A mandatory Team Formation period is required in preparation for each Kairos Weekend. Its primary purpose is to unify the Team in the Spirit of Christ. This Team Formation period is highly structured with a well defined agenda. The team learns about the prison environment and current rules of the prison. Specific tasks pertaining to the program are defined, explained, and assigned during the Team Formation. KAIROS is a continuing ministry. Team services also includes the participation in KAIROS's continuing ministry - such as monthly meetings at the prison.

If accepted to serve on this team, I agree to attend Team Formation meetings, to participate in the continuing ministry of Kairos, to abide by the rules and policies of Kairos and the prison, and to support in good faith the activities and spirit of Kairos.

| | | |
|---------------------------|----------------------------|--|
| First Name (for nametag) | First name as shown on D/L | Last name as shown on D/L |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home address | | Safe Address (PO Box, Church, Business - Not your home) |
| <input type="text"/> | | <input type="text"/> |
| City | State | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home Phone with Area Code | Work Phone | Cell Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email | | <input type="checkbox"/> Gen <input type="checkbox"/> Male <input type="checkbox"/> Layperson <input type="checkbox"/> Musician <input type="checkbox"/> Female <input type="checkbox"/> Clergy |
| <input type="text"/> | | |
| Date of Birth | | Have you been TDCJ Trained? If so, when? |
| <input type="text"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Date |

Attended Emmaus or Cursillo/Etc? Year Attended Participate in Reunion Groups? Attended qualifying weekend?
 Ex-Offender? Department of Corrections Number? Year Released? Currently on Parole?
 Are you currently on a visitation list for any inmates in the prison? If so, name of inmate? _____
 Relation to you? _____ Department of Corrections Number? _____

Your signature: _____ **Date:** _____

| | |
|--------------------------|-------------------------|
| Your Church: _____ | Denomination: _____ |
| Pastor's Name: _____ | Church Telephone: _____ |
| Pastor's Approval: _____ | Date: _____ |

Team Schedule Information:
STILES #35
 September 29th - October 2nd, 2016

Return completed application to:
Richard Patterson
 Email: WeekendLeader@att.net