

NORTH CAROLINA KAIROS TEAM APPLICATION

"I was...in prison and you visited me." (Matthew 25:36)

NCCIW Kairos #31 RALEIGH October 22-25, 2009

Name: (Full name-exactly as it appears on your driver's license)

(Circle one) Lay Clergy

Nickname: (Name you go by)

Address _____

City _____ State _____

Zip _____ Phone (A/C & #) (wk) _____

(hm) _____ (Cell) _____

Date of Birth ____/____/____ Drivers License # _____

State _____ Social Security Number _____

Email Address _____

Sex: (circle) M F Race: (circle) W B H Other _____

Team Experience (Experience not required to serve on this weekend)

Please list talks and assignments you have given/had in your street community and/or on previous Kairos weekends (use back of form if needed):

I am active in my church: (circle) Yes No

Church name, address, Pastor and denomination:

Are you part of an active prayer and share group? (circle) Yes No

Are you on the visitation list for any inmate in this unit? (circle) Yes No

If yes, inmate's name: _____

Have you ever been convicted of a felony or misdemeanor? (circle) Yes No

Have you had PREA training?: (circle) Yes No

PLEASE READ BEFORE SIGNING!!!

Email or call with questions.

AFFIRMATION

I understand by serving on a Kairos team that I am obligated for a period of one year to attend **monthly** gatherings with the residents who have completed a Kairos weekend.

I will buy, read, and follow the Kairos manual (\$10) that will be offered to me upon my acceptance to serve on this Kairos team.

I understand that I am responsible for team fees in the amount of \$125.

I understand that I have to attend team meetings to be prepared for this ministry in a hostile environment.

I understand this application will be check by the North Carolina Department of Criminal Justice for outstanding warrants in North Carolina and the United States.

I will read and agree to adhere to GUIDELINES FOR KAIROS VOLUNTEERS ENTERING CORRECTIONAL INSTITUTIONS AND NC DEPARTMENT OF CORRECTIONS RULES.

Your signature

Your pastor's signature

Send to: Patti Owen, 5205 Shagbark Drive, Durham, NC 27703

Phone: 919-596-7315 cell (919) 368-4546 work 919-483-6235

Email: patti.q.owen@gsk.com

Team meetings will be held on August 29, September 12 and 26 and October 10 at The Prince of Peace in Apex, NC. All meetings will be scheduled from 9-3