



# Kairos Prison Ministry of Florida



*Changing Hearts, Transforming Lives, Impacting the World*

## NOMINATION FORM FOR KAIROS OUTSIDE WEEKEND OBSERVING LEADER 1

To be completed by the Advisory Council

The \_\_\_\_\_ Advisory Council nominates:

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

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

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

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

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

**I have been briefed on the requirements for being a Kairos Observing Leader 1&2 & Weekend Leader, including Advanced Kairos Training (AKT), Ezra Software, Leader's Report and Excellence Initiative Report. I understand my weekend will not be complete until all required paperwork is finalized. I understand the following weekend will be delayed until all paperwork is properly submitted. I have never led a weekend before. I will lead with integrity and comply with those requirements, the Program manual and guidelines.**

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

Kairos Experience and talks given (must meet Leader qualifications, pgs. 42-46 program manual):

\_\_\_\_\_  
\_\_\_\_\_

AKT Date (must meet Observing Leader 1 qualifications, pgs. 44 program manual): \_\_\_\_\_

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

Interviewed by the Advisory Council on: \_\_\_\_\_ Council Member's Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If approved, will serve as Observing Leader 1: on Kairos # \_\_\_\_\_ Date: \_\_\_\_\_

If approved, is scheduled to serve as Leader of Kairos # \_\_\_\_\_ Date: \_\_\_\_\_

Advisory Council Chair: \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Action By State Chapter Committee: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

State Chapter Committee Chair: \_\_\_\_\_ / \_\_\_\_\_ Date