



Kairos Prison Ministry of Florida



Changing Hearts, Transforming Lives, Impacting the World

NOMINATION FORM FOR KAIROS TORCH WEEKEND OBSERVING LEADER

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 & 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, Weekend Checklist and guidelines, pgs. 51-60 in the program manual.

_____ Signature of Nominee

Kairos Experience and talks given: _____

AKT Date (must meet Observing Leader qualifications, pg. 51 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: 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