

# KAIROS TEAM APPLICATION

KAIROS, INC. SAN QUENTIN ADVISORY COUCLIL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ WORK(\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: circle M F Race: circle W B H OTHER

I ATTENDED CURSILLO/EMMAUS/VIA CRISTO/TRES DIAS AT:

\_\_\_\_\_ DATE \_\_\_\_\_

I AM ACTIVE IN \_\_\_\_\_ CHURCH.

ARE YOU ACTIVE IN A 4<sup>TH</sup> DAY/SHARE AND PRAYER GROUP?

(\_\_\_\_) **ARE YOU INTERESTED IN WORKING AS A CORE TEAM MEMBER?**

**Driver License and Social Security numbers will be needed, when selected for a team, for CDCR clearance**

## AGREEMENT

As a faithful member on a Kairos team:

1. I obligate myself to attend monthly reunions with the residents who have joined the Kairos community for a period of one year.
2. I will obtain a current Kairos Manual and be familiar with my responsibilities as presented therein.
3. I will make every effort to attend all team meetings.
4. After becoming familiar with the program, I agree to support in good faith the activities done on the weekend, as well as the theological and scriptural content of the talks, as outlined in the Kairos manual.
5. I will abide by all State and Institutional rules and procedures required as a condition of our entry into the Institution.
6. I will abide by the rule of confidentiality as set forth by Kairos International.

I understand that this application will be checked by the California Department of Corrections for outstanding warrants in California and the U.S.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant's Pastor

San Quentin Advisory Council  
PO Box 176  
San Quentin, CA 94964