PROCEDURE AND GUIDELINES FOR SCHEDULING
AN ADVISORY COUNCIL TRAINING

(Please read this entire document before you make plans for ACT training)

Purpose of Advisory Council Training:

Our Advisory Councils are charged with implementing all of our ministry’s programs at the local community level. Every Advisory Council has a part to play in the overall success of the ministry. The Advisory Councils also play a vital role in making sure that Kairos programs are run consistently across communities, and within facilities in a way that honors God as well as all the legal requirements for non-profit ministries.

This training will serve as the catalyst to provide local Advisory Councils with all the tools they need to operate efficiently, to understand their roles and authority, and to operate effectively and according to the Kairos Prison Ministry Operating Procedures. Additionally, this training will empower and equip all members of the local Advisory Councils to perform their duties according to the highest standards with a spirit of Excellence and Spiritual Integrity.

Procedures: Request a Trainer

1. The Advisory Council seeking training should contact their State Chapter Committee to request the training.
2. The State Chair will fill out the attached form and forward the form to Monika Hesse, Programs Administrative Assistant (monika@kpmi.org) at Kairos Prison Ministry International’s office to make the request. We request that states provide (3) potential dates for training when making the request for Advisory Council Training.
3. Once this form is received, Monika will record the state’s request for training and forward the request to the Program Coordinators.
4. The Program Coordinators will meet and assign trainer(s) and report back to Monika, who will notify the State Chair when the training has been scheduled and added to the master calendar.

Monika will keep the master training schedule along with a list of the Advisory Councils by state and training completed. The names of the people who attend the training(s) will be shared with the State Chair.

Training Guidelines

1. The trainer will be training for four hours. A time of questions and answers will follow the four hour training but is not to exceed one hour – so please plan accordingly.
2. The maximum number of Advisory Councils to be trained in one session or with one trainer is (5) Advisory Councils or (70) people. The minimum to be trained is (3) Advisory Councils or (42) people. Ideally, because of the importance of this training, we would prefer that no more than (3) Advisory Councils are trained at a time. However, we understand, for the larger states, that may present a hardship so we are allowing up to (5) Advisory Councils or (70) people to be trained per session. No more than (70) people will be trained by one trainer under any circumstance. If you have more than (70) people to be trained, you will be required to break the trainees down by Advisory Council with no more than (5) Advisory Councils or 70 people in the training group.

If your state has (3) or fewer Advisory Councils, an exception to the above guidelines will be made. If your state has multiple Advisory Councils and you would like to train more than (5)
Advisory Councils at a time, please make sure that the space or venue you plan to use has multiple rooms; be sure to let us know at the time you make your training request so that we can send the appropriate number of trainers.

3. The cost for the training is $150.00 per Advisory Council. The minimum charge will be for (3) Advisory Councils. The maximum charge will be for (5) Advisory Councils per trainer. If we are training more than (5) Advisory Councils, a second trainer will be assigned, and the State will need to procure a second room for training. This fee covers all of the trainer’s expenses, and the costs of the training workbook provided to all attendees. States will be billed by Kairos Prison Ministry International for the training costs. Additionally, if it is necessary for a trainer to stay overnight, the state will be expected to host the trainer.

4. This training is designed for the entire Advisory Council. We will have a sign-up sheet, and we will be asking attendees to sign in giving the name of their Advisory Council and their position on the Council.

5. If an Advisory Council is a new start or does not have (14) members, please make every effort to train all members of the council or at a minimum the officers of the council.
ADVISORY COUNCIL TRAINING REQUEST FORM

Date of Initial Request: ________________________________________________________________

State Making Request: ________________________________________________________________

State Chair Contact Information: ______________________________________________________

(Please include phone number and email)

Name and Address of Advisory Council(s) to be trained:
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

Approximate No. of Participants: _____________

Local Coordinator: ________________________________ Contact (Email/Phone #)_______________________________

Dates proposed for Training: Workbook Delivery Address: ________________________________

(1) ________________ (2) ________________ (3) ________________

Do they have a laptop and projector that trainer(s) could use for training: Yes/No

Training location: _____________________________________________________________

(Include closest airport)

Acknowledgment

As State Chapter Committee Chair, I acknowledge in making this request for Advisory Council training that I have read the Procedures and Guidelines document for scheduling an Advisory Council Training(s). Furthermore, I am authorizing my state to be billed for all expenses related to Advisory Council Training(s).

_______________________________________________________
(Print Name) ____________________________ (Date)

_______________________________________________________
(Signature)

(Office Use Only – KPMI Staff)

Program Coordinator Follow-up
State Chair Contact Date: _________________

Notes: ___________________________________________________________________________

Date Training Assigned: ________________________________

Trainer Assigned: ________________________________

Trainer Contacted: Yes/No Date: ______________________ State Chair Notified: ________________

Email to: monika@kpmi.org