

KAIROS TORCH EXCELLENCE INITIATIVE CHECKLIST



Section	Position	Action	Assessment	Evaluator's Remarks
I. Facility Name:	Torch #			
II. Advisory Council	Chairpersons Name	<p style="text-align: center;">Contact Information</p> Address City State Zip Code Email Address		
III. Weekend Core Team	1. Team Leader(s)	<i>Name(s) of the Team Leader(s)</i>		
		<i>Were there one or two Team Leaders? (pg.24)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<i>Was at least one of the Team Leaders of the same gender as the participants? (pg. 24)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Had the Team Leader(s) previously served as Observing Leader(s)?(pg. 24)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Had the Team Leader(s) received Advanced Kairos Torch Training to lead the Torch weekend? (pg. 24) If so, what date(s) did the training occur?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) pick the Team Members?(pg. 24,26)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) conduct the required Team Formation Meetings? (pg. 26)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) work with the institution staff member that selected the weekend participants?(pg.26)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) assign talks and team responsibilities? (pg. 26)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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		<i>Did it appear that the Team Leader(s) had read the Torch Program Manual and had a good understanding of the Torch Weekend? (pg.21 and 25)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Had the Team Leader(s) only served in this capacity this once? (pg.24 and Org. Manual pg.37)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) follow Kairos policy and the Torch Program Manual? (pg. 24)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) allow Team Members to function in their positions? (pg.25)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) consult with the Advising Leader when needed?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) manage time well?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) act respectfully to weekend participants, team, institution personnel, and the Kairos Torch international representative? (pg.25)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) display a servant's heart? (i.e. didn't misuse or abuse his/her authority)? (pg.24 and 25)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) display flexibility when needed? (pg.24)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) set the example of vulnerability and openness? (pg.25 and 42)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) lead the Torch Weekend without being dictatorial and controlling? (pg.25)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) use proper Kairos Torch terminology and methodology?(pg.24)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) select qualified volunteers that are committed to mentoring? (pg.24, 26 and 181)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Leader(s) work well with the Spiritual Director(s)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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		<i>Both by example and by verbal instruction, did the Team Leader(s) instill the constant direction to the team always to follow the 4L's: LISTEN, LISTEN, LOVE, LOVE? (pg.21)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	2. Advising Leader	<i>Was there an Advising Leader present?(pg.24)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Name of the Advising Leader</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Had the Advising Leader(s) received Advanced Kairos Torch Training? (pg. 24) If so, what date(s) did the training occur?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Had the Advising Leader previously served as a Team Leader? (pg.24)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Advising Leader assist the Team Leader with questions and problems?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Advising Leader allow the Team Leader room to guide the team?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	3. Observing Leader(s)	<i>Name(s) of Observing Leader(s):</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Observing Leader(s) attend and participate, and understand what was taking place during the Torch Weekend? (Pg. 182- #8;#13)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Observing Leader(s) perform the assigned duties (i.e. Introduce personal agape and read "Celebrate You" to the participants)? (pg. 140 ,160-161, 182)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Observing Leader(s) receive Advanced Kairos Torch Training? If so, what date(s) did the training occur? If not, when will the training occur?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	4. Spiritual Director(s)	<i>Were there one or two Spiritual Leaders? (pg.4)</i>	1 2	

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	(Clergy)	<i>Name of the Spiritual Leader(s)?</i>		
		<i>Did the Spiritual Leader(s) provide the KPMI office the Clergy Volunteer Questionnaire and was it approved? (Check with International)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Was there theological balance among the clergy? (pg.4)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Spiritual Leader read the Kairos Torch Program Manual prior to the weekend have an understanding of the heart and goals of the ministry? (Pg. 25)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the weekend participants have access to the Spiritual Leader? (PG 93- 94)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Spiritual Leader follow the Torch outline? (pg. 111, 121, 123, 129, 135)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Spiritual Leader stay on common ground? (pg.4)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Spiritual Leader(s) allow the participants to move at their own pace (i.e. did not force God on them)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Spiritual Leader(s) refrain from controlling or dominating the weekend?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	5. Table Family Leaders		<i>Did the Table Family Leaders read the Kairos Torch Program Manual prior to the weekend and have an understanding of the heart and goals of the ministry? (pg.25)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Did the Table Family Leaders initiate group discussion at their family table? (weekend schedules)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N	

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		<i>Did the Table Family Leaders allow weekend participants the opportunity to express their point of view? (pg. 85)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Table Family Leaders engage all of the weekend participants at their table (i.e. none were left out that wanted to participate)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Were the Table Family Leaders careful not to be domineering and controlling?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Table Family Leaders work in unity with other team members?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Table Family Leaders show weekend participants respect? (pg.85,172,1730)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Table Family Leaders display the Kairos message by following the 4L's: LISTEN, LISTEN, LOVE, LOVE? (pg.4)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Table Family Leaders follow the leadership of the team and work well with the Team Leader(s)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	6. Music Leader	<i>Did the Music Leader work well with the Team Leader(s)? (pg 34)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Name of The Music Leader</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Was the music an effective part of the Torch weekend? (pg.30)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>What was the source of the music (Kairos Songbook, locally-made songbook, purchased songbook, DVD, etc)?</i>		
		<i>Was music appropriately licensed through CCLI?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Music Leader choose appropriate music, attractive to youthful weekend participants? (pg.30)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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		<i>Did the Music Leader choose songs that were easy to learn and follow? (pg. 32)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Was the Music Leader sensitive to songs that were complimentary to what was taking place at the time? (pg.30)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Was the Music Leader diverse in his/her music choices?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Did the Music Leader avoid the temptation to entertain? (pg.31)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	7. Agape Coordinator		<i>Did the Agape Leader organize the Agape Team during the weekend?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Name of the Agape Leader?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the Agape Leader and Team collect, organize and present personal agape used on the weekend? (pg.29)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the Agape Leader make sure the agape was appropriate and plentiful? (pg.29)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the Agape Leader make sure items were presented at the proper time? (Pg.29)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the Agape Leader work well with the Team Leader(s)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	8. Lite 'n Lively Coordinator		<i>Did the Lite 'n Lively Leader prepared appropriate activities for the weekend? (pg.27)</i> <i>Name:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the Lite 'n Lively Leader choose activities that were "win-win" for the weekend participants and did not single out anyone for ridicule or embarrassment? (pg.27)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the Lite 'n Lively Leader identify appropriate times in the weekend for activities? (pg.27)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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		<i>Did the Lite 'n Lively Leader clear all activities with the Team Leader(s) prior to the weekend? (pg.27)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	9. Kitchen Chef	<i>Did the Kitchen Leader develop menus that were attractive to youthful weekend participants and acceptable to the team members? (pg.36)</i> Name:	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Kitchen Leader develop meals that were healthy? (pg.36)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Kitchen Leader develop meals that the youthful weekend participants may possibly not regularly receive at the institution? (pg.36)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Kitchen Leader consider financial constraints when developing meals for the weekend (i.e. follow a budget)? (pg.36)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Kitchen Leader manage time and the Kitchen Crew effectively?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>The Kitchen Leader worked well with The Team Leader(s)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
IV. TEAM	1. Clearance	<i>Were all Team Members cleared by the KPMI Torch Office (check KPMI website)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	2. Preparation	<i>Were the Team Members fully prepared and informed on the how's, why's and when's of the weekend? (pg.42)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Was the Team fully informed of the procedures for greeting the weekend participants and the greeting time was orderly and effective? (67,81,139)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Were the Team Members open-minded, unbiased, and flexible with Table Family during discussions?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Members allow the Participants to make decisions as they related to the table family (e.g. family name, poster ideas, presentation etc...)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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	3. Unity	<i>Were the Team Members well bonded and did they operate as a cohesive and healthy family? (pg. 42)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Members treat each other with respect?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Members value the weekend participants and treat them and their opinions with respect?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Members follow and honor the team leadership?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	4. Quantity	<i>Was there an adequate number of Team Members per weekend participant? (pg 4)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>How many Team Members were there?</i>		
		<i>How many table families were there?</i>		
		<i>How many weekend participants were at each table?</i>		
		<i>How many Table Family Leaders per table?</i>		
	5. Composition	<i>Was there theological balance on the team? (pg. 181)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Was there racial balance on the team?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	6. Training	<i>Did the Team Members attend the required training? (pg.42-43)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Were Torch Program Manuals available for the Team Members to purchase? (pg.7)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the Team Members purchase Mentoring Guides?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	VI. AGAPE TEAM	Operations	<i>Was the Agape Team organized? (pg.29)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Was the Agape Team timely in performing duties and getting supplies to participants? (pg.29)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Did the Agape Team work in unity with the Agape Chair?</i>			<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Did the Agape Team work in unity with the Team Leader(s)?</i>			<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Was a prayer chain constructed and displayed?</i>			<input type="checkbox"/> Y <input type="checkbox"/> N	

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		<i>Did each participant receive personal letters from the team?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Did each participant receive a Bible?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
VII. WEEKEND	1. Diversity	<i>Was there racial diversity at each of the tables among the Team Members?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Was there racial diversity at each of the tables among the participants?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Was there gender diversity at each of the tables among the Team Members?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Was there gender diversity at each of the tables among the weekend participants? (special locations)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	2. Operations		<i>Were all three guide meetings held? If not, why not? (pg.6, 67, 81, 86, 139, 140)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>How many guide meetings were held?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Were applications for "Kairos Outside" given to all the weekend participants including the Fourth Day Community?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the weekend flow smoothly?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Was the purpose of the Kairos Torch weekend met? (pg.2,165)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the focus of the weekend stay on Christ? (pg.21)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Was there a prayer room?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Was there a prayer vigil in the community?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	3. Supplies		<i>Were there adequate supplies for the weekend?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	4. Talks		<i>Did the Speakers follow the guidelines provided for their talks? (75-77,95-100, 107-108, 113-115, 131-134, 145-146, 153-156)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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		<i>Were approved videos used during any of the talks?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Was there a Mask Meditation team?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Were the Mask Meditations dramatic?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Were the Mask Meditations memorized?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>For the Mask Meditations, did the mask match the speaker's themes (e.g. anger, laughter, etc)?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Were the speakers transparent and open during their talks?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Talk #1- "CREATION": Was the techno presentation used? (pg. 75-77)</i> <u>Name</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Talk #2- "GET REAL": Was the outline followed?</i> <u>Name:</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Talk #3 - "YOU ARE NOT ALONE": Was the outline followed?</i> <u>Name:</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Talk #4 - "WHO YA GONNA TRUST?": Was the outline followed?</i> <u>Name:</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Talk #5 - "WALLED OFF": Was the outline followed?</i> <u>Name:</u>	<input type="checkbox"/> Y <input type="checkbox"/> N			

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		<i>Talk #6 - "GOD'S SQUAD": Was the outline followed?</i> <u>Name:</u>	<input type="checkbox"/> Y <input type="checkbox"/> N		
		<i>Talk #7 - "CHOICES": was the outline followed?</i> <u>Name:</u>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	5. Forgiveness Service		<i>Was there a forgiveness service?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Was the Father Forgiveness presentation used?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Was a God box used to put the participant's mask along with their forgiveness list in, or was a bowl of water and rice paper used for the forgiveness list?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Were the forgiveness lists kept confidential?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Was the God Box removed from the facility and immediately destroyed?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	6. Meals		<i>Was food prepared and presented in a loving and attractive way? (pg.36 and 37)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Were meals well thought-out and relatively healthy? (pg.37)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Was food prepared and delivered at the proper time? (pg. 67, 82, 139)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<i>Did the Kitchen Team attend all team formation meetings? (pg.38)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	7. Closing Service		<i>Was there a closing service?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Did the service follow the closing format in the Torch Program Manual?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		

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		<i>Was the outside community invited to the closing?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
VII. Continuing Ministry	Operations	<i>Will each weekend participant be mentored one on one?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>How often will mentoring sessions be conducted?</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	
		<i>Have all mentors received Mentor Training?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<i>Are monthly reunions planned and supported.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	

GENERAL COMMENTS:



CONCERNS:



Name and signature of person completing Excellence Initiative Checklist

Date