

# Kairos Weekend Leader Nomination Form

(To be completed by the Advisory Council)

Program: Kairos Inside  Kairos Outside  Kairos Torch

State: \_\_\_\_\_ Advisory Council: \_\_\_\_\_

Nominee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Interviewed by the Advisory Council on: \_\_\_\_\_ Comments: \_\_\_\_\_

Has the nominee met the leadership track requirements for their Kairos Program? Y  N

Is nominee involved in the Kairos Continuing Ministry of their Program? Y  N

If no, why? \_\_\_\_\_

Has Nominee's background screening been updated within the last three years? Y  N  (Kairos Torch only)

Number of Kairos Weekends nominee has served? \_\_\_\_\_

Has nominee previously led a Kairos Weekend? Y  N

If yes, at which Advisory Council: \_\_\_\_\_ Weekend #: \_\_\_\_\_

Kairos Weekend jobs held to meet leadership track requirement: \_\_\_\_\_

Kairos talks given (minimum 2 for Kairos Inside and Kairos Outside): \_\_\_\_\_

Nominee's attendance record at past team formation meetings? \_\_\_\_\_% (N/A for Kairos Torch)

Served as Family Table Leader (for Kairos Torch) Y  N

Served as a Core Team Leader: Y  N  If yes, list role(s) \_\_\_\_\_

Location and date of Advanced Kairos Training attending: \_\_\_\_\_

Will serve as Observing Leader (or OL#1) on Weekend # \_\_\_\_\_ Date: \_\_\_\_\_

Will serve as Kairos Outside OL#2 on Weekend# \_\_\_\_\_ Date: \_\_\_\_\_

If approved, nominee will serve as Leader of Weekend # \_\_\_\_\_ Date: \_\_\_\_\_

**I have been briefed on the requirements for being a Weekend Leader, including Advanced Kairos Training (AKT), the use of EZRA and will follow the Program Manual.**

Nominee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisory Council Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved By (State) Committee: Y  N

State Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_