

# NECX KAIROS # \_\_\_\_\_ TEAM APPLICATION

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_ Clergy  Lay Person

Street Address/Post Office: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Male  Female  Race: \_\_\_\_\_

Pilgrim Walk: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Participated in a KAIROS Week-end: Yes  No  Date(s)/Place(s) \_\_\_\_\_

Tasks: Rector  OR  AR  Coordinator  Family Ldr  Servant  Music  Food  Talk  Other

If Other: \_\_\_\_\_

Local Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Involved in a Reunion Group: Yes  No  Time: \_\_\_\_\_ Place: \_\_\_\_\_

## AGREEMENT

1. I obligate myself to support or attend the instructional reunion and the monthly reunions with the inmates who have joined the KAIROS community for a period of one year after the weekend.
2. I have or will obtain a KAIROS manual and be familiar with the program in general and my team responsibilities as presented therein.
3. I will make every effort to attend **ALL** team meetings and be in diligent prayer for the residents and free-world.
4. After becoming familiar with the KAIROS program, I agree to support in good faith and to the best of my ability in keeping with my personal theology the schedule and activities done on the weekend, as well as the content of the meditations and talks as outlined in the manual.
5. I will abide by all state and institutional rules and procedures required as a condition of our entry into the institution and agree to complete such other forms as may be required by NECX to participate in the program.
6. I will abide by the rule of confidentiality as set forth in the KAIROS manual.

***I understand that this application may be checked by the Tennessee Department of Corrections for outstanding warrants in Tennessee and the United States.***

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

\_\_\_\_\_  
Signature of Applicant's pastor

Date \_\_\_\_\_

Date \_\_\_\_\_

Please return to:

**Northeast Tennessee KAIROS Council  
Post Office Box 951  
Johnson City, TN 37605-0951**



NECX KAIROS

**Kairos@xtn.net, (423) 928-8191, Fax 928-8192**

**A NEW APPLICATION IS REQUIRED FOR EACH WEEKEND**