KAIROS, INC.
GOLDEN STATE KAIROS
SOUTHERN CALIFORNIA KAIROS
KAIROS--VICTORVILLE FEDERAL CORRECTIONS COMPLEX

KAIROS TEAM APPLICATION

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP _____

PHONE (HOME)_____ WORK_____ EMAIL_____

CALIFORNIA DRIVER LICENSE NUMBER_____DATE OF BIRTH _____

SOCIAL SECURITY NUMBER_____

SEX: circle M or F DESCENT: circle W B H OTHER

I ATTENDED CURSILLO/EMMAUS/VIA DE CRISTO/TRES DIAS AT_____ ON _____

I AM ACTIVE IN_____CHURCH

ARE YOU ACTIVE IN A SHARE AND PRAYER GROUP?_____

AGREEMENT

As a faithful member on a KAIROS team:

- I obligate myself to attend monthly reunions with the residents, who have joined the KAIROS community, for a period of one year

  I will obtain a current KAIROS manual and be familiar with my responsibilities as presented therein.

- I will make every effort to attend all team meetings.

  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.

- I will abide by all Federal and Institutional rules and procedures required as a condition of my entry into the institution.

- I will abide by the rule of confidentiality as set forth in the KAIROS manual.

- I understand that this application will be checked by the U.S. Department of Justice for outstanding warrants in California and the United States of America.

Signature of applicant_____

Sponsor:_____ Phone:_____