



God's Special Time

# Victorville Kairos Application

A Team Application is REQUIRED in order to be considered as a prospective Team member. **Filling out an Application does not guarantee a position on the Team.**

(You must be at least eighteen years old. Please fill in all blanks)

A mandatory Team Formation period is required in preparation for each Kairos Weekend. Its primary purpose is to unify the Team in the Spirit of Christ. This Team Formation period is highly structured with a well defined agenda. The Team learns about the prison environment and current rules of the prison. Specific tasks pertaining to the program are defined, explained, and assigned during the Team Formation. KAIROS is a continuing ministry. Team service also includes the participation in KAIROS's continuing ministry - such as monthly meetings at the prison.

If accepted to serve on this Team, I agree to attend the Team Formation meetings, to participate in the continuing ministry of Kairos, to abide by the rules and policies of Kairos and the prison, and to support in good faith the activities and spirit of Kairos.

First Name (for Name Tag) <input type="text"/>	First Name (on Driver's License) <input type="text"/>	Last Name (on Driver's License) <input type="text"/>
Home Address <input type="text"/>		"Safe" Mailing Address (P.O. Box, Church, etc.) <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Home Phone (with Area Code) <input type="text"/>	Work Phone (with Area Code) <input type="text"/>	Cell Phone (with Area Code) <input type="text"/>
Email <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Layperson <input type="checkbox"/> Clergy
Driver License No. (and State) <input type="text"/>	Social Security No. <input type="text"/>	<input type="checkbox"/> Dept of Corrections Trained? <input type="text"/> Mo/Year Trained
<input type="checkbox"/> Never Served on a Kairos Team <input type="checkbox"/> Musician		
<input type="checkbox"/> Attended Emmaus/Cursillo/etc? Year Attended: <input type="text"/> <input type="checkbox"/> Participate in Reunion Group? <input type="checkbox"/> Attended Qualifying Weekend?		
<input type="checkbox"/> Ex-Offender? Dept of Corrections No. <input type="text"/> Year Released: <input type="text"/> <input type="checkbox"/> Currently on Parole?		
<input type="checkbox"/> Are you on a visitation list for any inmates in this prison? If so, Name: _____ Relationship to you: _____ Dept of Corrections No. _____		
<p><i>I certify that the information provided on this Application is complete and true to the best of my knowledge.</i></p> <p><b>Your Signature:</b> _____ <b>Date:</b> _____</p>		
Church Name: _____		Denomination: _____
Pastor's Name: _____		Church Telephone: _____
Pastor's Approval: _____		Date: _____

Victorville Kairos Prison Ministry  
p.o.box 482  
Crestline, Ca.,92325  
kairosvictorville@charter.net  
Voice/Fax (760)301-0080  
www.kairossocal.org

Return Completed Application to:  
Angela Tasker  
16215 Piuma Avenue  
Cerritos, CA 90703  
fax (562) 924-2233

JUN 97

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

Thank you for offering your services as a volunteer within the Federal Bureau of Prisons. Please read the following questions carefully and type or clearly print your answers to each before signing.

<b>1. Name (Last, First, Initial)</b>		<b>2. Complete Mailing Address</b> (add Street Address - if different than mailing address)	
		<b>2a. e-mail address:</b>	
<b>3. Home Phone</b>	Work Phone	<b>4. Birth Date (MO, DAY, YR)</b>	<b>5. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>6. Birthplace (City, State, Country)</b>			<b>8. Former Names, if any</b>
<b>7. If not born in US, Proof of Citizenship Required</b>			
<b>9. Social Security Number</b>		<b>10. Driver's License, Number and State</b>	
<b>11. Height _____ Weight _____ Eye Color _____ Hair Color _____</b>			
<b>12. Are you a citizen of the United States? <input type="checkbox"/> yes    <input type="checkbox"/> no</b>			
<b>13. Race/Ethnicity (for statistical uses only, you need not reply)</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic American/Latino <input type="checkbox"/> Caucasian/European <input type="checkbox"/> Native American			
<b>14. Current Employer (Name, Address, and Telephone Number)</b>			
<b>15. Sponsor Organization</b> (Name, Address and Telephone Number) Kairos Prison Ministry P.O.Box 482 Crestline, Ca 92325		<b>16. Contact in case of emergency</b> (Name, Address and Telephone Number)	

- 17. Have you ever been convicted of, or forfeited collateral for any felony violation . . . . . yes \_\_\_\_\_ no \_\_\_\_\_
- 18. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation? . . . . . yes \_\_\_\_\_ no \_\_\_\_\_
- 19. Are you now under charges for any violation of law? . . . . . yes \_\_\_\_\_ no \_\_\_\_\_
- 20. During the last 3 years have you forfeited collateral, been convicted, been imprisoned, been on probation or been on parole? (Do not include violations reported in the 16, 17, or 18 above). . . . . yes \_\_\_\_\_ no \_\_\_\_\_
- 21. Have you ever been convicted by a military court-martial? If no military service, answer "no". . . . . yes \_\_\_\_\_ no \_\_\_\_\_
- 22. Do you have any medical conditions or disability that may restrict your volunteer services? . . . . .yes \_\_\_\_\_ no \_\_\_\_\_
- 23. Have you ever been in prison? . . . . .yes \_\_\_\_\_ no \_\_\_\_\_
- 24. Are you on an inmate's visiting list? . . . . .yes \_\_\_\_\_ no \_\_\_\_\_
- 25. Are you related to an inmate? . . . . .yes \_\_\_\_\_ no \_\_\_\_\_

**If you respond "Yes" to questions 17 - 25 please attach a separate page to explain your response.**

NAME: \_\_\_\_\_

RESPONSES TO QUESTIONS 17 - 25

17. Have you ever been convicted of, or forfeited collateral for any felony violation?  
If Yes - Explain

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18. Have you ever been convicted of, or forfeited collateral for, any firearms or  
explosives violation? If yes, Explain

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19. Are you now under charges for any violation of law? If yes, Explain

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20. During the last 3 years have you forfeited collateral, been convicted, been  
imprisoned, been on probation or been on parole? (Do not include violations reported  
in the 17, 18, or 19 above). If yes, Explain

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21. Have you ever been convicted by a military court-martial? If yes, Explain

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22. Do you have any medical conditions or disability that may restrict your volunteer  
services? If yes, Explain

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23. Have you ever been in prison? If yes, Explain

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24. Are you on an inmate's visiting list? If yes, Explain

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25. Are you related to an inmate? If yes, Explain

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**SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION**

You must sign this application. Please read the following carefully before you sign.

- \* I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.
- \* I understand any information I give may be investigated, as allowed by Law or Presidential Order.
- \* I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Bureau of Prisons.
- \* I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.
- \* I understand as a volunteer I will not receive any financial reimbursement or compensation from the Federal Bureau of Prisons for my services, time or expenses.

Signature\_\_\_\_\_

Date\_\_\_\_\_

(This form may be replicated via WP)

This form replaces BP-S580.053 dtd AUG 94

**AUTHORIZATION FOR RELEASE OF INFORMATION  
NCIC (National Crime Information Center) CHECK**

I hereby authorize a representative of the Federal Bureau of Prisons to obtain any information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in 1) denial of entry into a Bureau facility and 2) denial of volunteer/contract status.

1. Name (Last, First, Middle)

2. Address (Street address) (City, State, County, Zip Code)

3. Home Telephone Number (Area Code, Number):

4. Aliases/Nickname:

5. Citizenship (List the country you are a citizen of):

6. Social Security Number:

7. Date of Birth (Month, day, year):

8a. Sex:

8b. Race:

8c. Height:

8d. Weight:

8e. Color of Eyes:

9f. Color of Hair:

9. Place of Birth (City, State, County), (List city, county and country if outside the U.S.A)

10. The above listed information is true and correct. Applicant's Signature

10a. Date

**PRIVACY ACT NOTICE**

**Authority for Collecting Information:** E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301

**Purposes and Uses:** Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

**Effects of Non-disclosures:** Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.