



# KAIROS OUTSIDE

## TEAM APPLICATION

Kairos Outside of Eastern North Carolina #15  
Camp Weaver  
Greensboro, North Carolina  
April 20 - 22, 2012

Please print clearly when completing this form.

Name \_\_\_\_\_

Name Preference for Name Tag \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Best Time/Place to Contact \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

Christian Denomination \_\_\_\_\_

Check the one(s) you have attended: \_\_\_\_ Kairos \_\_\_\_ Kairos Outside \_\_\_\_ Emmaeus Walk

\_\_\_\_ Via de Cristo \_\_\_\_ Cursillo \_\_\_\_ Tres Dias \_\_\_\_ Other: \_\_\_\_\_ Date \_\_\_\_\_

Attended KO Training: Date \_\_\_\_\_ Location \_\_\_\_\_

Number of Kairos Outside Worked \_\_\_\_\_

Team Assignment(s) *[please include all talks given—use 2nd page if necessary]* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you play any musical instruments? \_\_\_\_ Yes \_\_\_\_ No If yes, which instruments? \_\_\_\_\_

\_\_\_\_\_

Special Needs: ( ) Diet ( ) Medical ( ) Transportation ( ) Other \_\_\_\_\_

Please describe needs \_\_\_\_\_

\_\_\_\_\_

Signature of Probation Officer, if applicable \_\_\_\_\_

♥ **Please Note: Kairos Outside Team Formations and Weekends are Drug, Alcohol and Fragrance free.**

Additional Information on Talks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***As a faithful member on a Kairos Outside Team:***

I will obtain a Kairos Outside 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, as a Christian, I agree to support in good faith the activities done on the weekend, as well as the theological and Scriptural contents of the talks, as outlined in the Kairos Outside Manual.

I will abide by the rules of confidentiality as set forth in the Kairos Outside Manual, **and understand, if I breach the Team Formation or Weekend confidentiality, I will be dismissed from the Team.**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

***Mail Completed Application to:***

**KAIROS OUTSIDE of NORTH CAROLINA  
PO Box 37163  
Raleigh, NC 27627**