

Kairos of North Carolina

NOMINATION FORM FOR KAIROS WEEKEND LEADERS

To be completed by the Advisory Council - Rev Nov 18

Advisory Council: _____

Nominee's Name: _____ Phone No: _____

Street Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Worships At: _____ Leadership Position: _____

Involved in an Accountability Group? Yes/ No _____

<p><u>KI Leadership Requirements Met Per Manual:</u></p> <p>Seated at family table Yes/No _____</p> <p>Leadership position Yes/No _____</p> <p>Inside or Chapel or Agape Coord or Head Servant</p> <p>Talk or Meditation #1 Yes/No _____</p> <p>Talk or Meditation #2 Yes/No _____</p>	<p><u>KO Leadership Requirements Met Per Manual:</u></p> <p>Inside Team Yes/No _____</p> <p>Outside Team Yes/No _____</p> <p>Core Team Yes/No _____</p> <p>Talk or Meditation #1 Yes/No _____</p> <p>Talk or Meditation #2 Yes/No _____</p>
--	---

If any requirements are No, will they all be fulfilled by the time he/she is leader? Yes/No _____

Reasons your council chose this nominee to be a weekend leader: _____

I have been briefed on the requirements for being a Weekend Leader, including Advanced Kairos Training (AKT) and will comply with those requirements.

Signature of Nominee: _____ **Date:** _____

Will be attending or have attended AKT: Date/Season _____ (Before being Observing Leader)

State will be or have attended AKT: _____

Served (or will serve) as Observing Leader on: KI KO KT # _____ Date/Season _____

If approved will serve as Leader on: KI KO KT # _____ Date/Season _____

Advisory Council Chair: _____ / _____
Signature Date

Action by State Committee: Approved: _____ Disapproved: _____ Date: _____

State Chair Signature: _____ Date: _____