

Kairos of North Carolina

NOMINATION FORM FOR KAIROS WEEKEND LEADERS

To be completed by the Advisory Council

Advisory Council: _____

Nominee's Name: _____ Phone No: _____

Street Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Worships At: _____ Leadership Position: _____

Involved In A Prayer Group? _____

Kairos Experience

How long has the nominee been a volunteer? _____ (Circle One) KI KO KT

Positions Held? _____

Talks given? _____

What qualities does this nominee possess that causes your council to believe he/she would make a good 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:** _____

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

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

Will be attending or have attended AKT: Date _____

Advisory Council Chair: _____ / _____
Signature Date

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

State Chair Signature: _____ Date: _____