

_____ New _____ Change in weekend dates _____ Change to another leader

LEADER'S SPIRITUAL RESUME

Name: _____ (New Leader)

Address: _____ City: _____ TX Zip _____

Telephone (work): _____ (Home) _____

Cell number: (_____) _____ Email _____

Leader Training? No ___ Yes ___ Place & Date of Leader training _____

Marital Status and Family: _____

Occupation: _____

Church: Denomination: _____

Name of your church: _____

Pastor: _____ of Church where your worship participation is.

Phone # of Pastor or Church: _____

3-Day Weekend attended (i.e. Emmaus/Cursillo/Tres Deis/Via de Cristo/etc.):

Date Of weekend: _____

4th Day involvement (i.e. reunion group, P&S) Yes ___ No ___ : Where _____

Kairos participation: _____

As a Kairos volunteer do you claim or have you claimed to be legally recognized

Clergy? Yes _____ No _____

UNIT ADVISORY COUNCIL

Recommended to be Leader for # ___ at the _____ Unit or Kairos Outside

Weekend dates: _____ Year: _____ (Dates required to be registered)

Remarks:

Advisory Council Chairperson _____

Address _____ City _____ zip _____ Email/Phone _____

Send email copies to below:

Email copy to: KOTChair@gmail.com

Email copy to: Julie@kotexas.com

OR

Mail to: Julie Cole, Registrar

PO Box 10963

Midland TX 79702

