

\_\_\_\_\_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 you worship/participate.  
Phone # of Pastor or Church: \_\_\_\_\_  
3-Day Weekend attended (i.e. Emmaus/Cursillo/Tres Deis/Via de Cristo/etc.):

Date Of weekend: \_\_\_\_\_  
4<sup>th</sup> 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:**

Chair@kairostexas.org  
Julie @kotexas.com

**OR**

**Mail copy to:** Julie Cole, Registrar  
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