

LEADER'S SPIRITUAL RESUME

Name: _____ (New Leader)
Address: _____ City: _____ Zip: _____
Telephone(work): _____ (Home): _____
Cell Number: _____ Email: _____
Leader Training(AKT)? 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: _____
4th Day involvement (reunion group, KO SWAP) 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 Date: _____ Year: _____ (Dates required to be registered)
Observing Leader: _____

Remarks:

Advisory Council Chair(signature & date) _____

Send email copies to:

juliecole4469@gmail.com or julie@kotexas.com

OR

Mail copy to: Julie Cole, KOT State Registrar
P.O. Box 10963
Midland, TX 79702