***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 \_\_\_\_\_\_\_\_\_\_\_\_

KO Leadership Requirements Met Per Manual:

Inside Team Yes/No \_\_\_\_\_\_\_\_

Outside Team Yes/No \_\_\_\_\_\_\_\_

Core Team Yes/No \_\_\_\_\_\_\_\_

Talk or Meditation #1 Yes/No \_\_\_\_\_\_\_\_

Talk or Meditation #2 Yes/No \_\_\_\_\_\_\_\_

KI Leadership Requirements Met Per Manual:

Seated at family table Yes/No \_\_\_\_\_\_\_\_

Leadership position Yes/No \_\_\_\_\_\_\_\_

Inside or Chapel or Agape Coord or Head Servant

Talk or Meditation #1 Yes/No \_\_\_\_\_\_\_\_

Talk or Meditation #2 Yes/No \_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_