

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

<p><u>KI Leadership Requirements Met Per Manual:</u></p> <p>Seated at family table Yes/No _____</p> <p>Leadership position Yes/No _____</p> <p>Inside or Chapel or Agape Coord or Head Servant</p> <p>Talk or Meditation #1 Yes/No _____</p> <p>Talk or Meditation #2 Yes/No _____</p>	<p><u>KO Leadership Requirements Met Per Manual:</u></p> <p>Inside Team Yes/No _____</p> <p>Outside Team Yes/No _____</p> <p>Core Team Yes/No _____</p> <p>Talk or Meditation #1 Yes/No _____</p> <p>Talk or Meditation #2 Yes/No _____</p>
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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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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