KAIROS PRISON MINISTRY

Kairos Inside Weekend — Volunteer Team Application

Coffield Unit • Kairos Texas

Weekend Number:	_____	**Application Date:**	_____
Institution:	Coffield Unit (TDCJ)	**Weekend Dates:**	_____

Applicant Information

Full Name: _____

Preferred Name (for Badge): _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Home Phone:** _____

Email Address: _____

Date of Birth: _____ **Occupation:** _____

Employer: _____

Church Information

Church Name: _____

Denomination: _____ **Pastor:** _____

Church Address: _____

City: _____ **State:** _____ **Zip:** _____

Pastor Phone: _____

How long have you attended this church?

☐ Less than 1 year ☐ 1–3 years ☐ More than 3 years

Emergency Contact

Name: _____ **Relationship:** _____

Phone: _____ **Alternate Phone:** _____

Kairos Experience

Have you previously served on a Kairos Weekend?

☐ Yes ☐ No

If yes — Weekend(s): _____

Institution(s): _____

Year(s): _____

Have you attended as a Guest?

☐ Yes ☐ No

If yes, where: _____

Other Ministry Experience

Please list any prison ministry or other Christian ministry experience:

Team Service Preferences

Please indicate area(s) where you are willing to serve.

Leadership

☐ Weekend Leader

☐ Assistant Leader

☐ Table Leader

☐ Assistant Table Leader

☐ Observing Table Leader

Program

☐ Clergy

☐ Music Team

☐ Chapel Team

☐ Prayer & Share

☐ Family Coordinator

☐ Agape Coordinator

Support

☐ Kitchen

☐ Dining Room

☐ Outside Support

☐ Prayer Vigil

☐ Set-up / Tear-down

☐ General Volunteer / Wherever Needed

Special Skills

Check all that apply.

☐ Teaching ☐ Public Speaking ☐ Music

☐ Singing ☐ Guitar ☐ Piano

☐ Audio/Visual ☐ Cooking ☐ Administration

☐ Computer Skills ☐ Medical ☐ Construction

Other: _____

Medical Information

Please note any medical conditions the leadership team should be aware of:

Food allergies or dietary restrictions: _____

Do any medications require refrigeration?

☐ Yes ☐ No

Emergency medical information (conditions, allergies, medications):

Christian Walk

How long have you been a committed Christian?

☐ Less than 1 year ☐ 1–5 years ☐ More than 5 years

Please provide a brief testimony of your Christian faith and why you wish to serve in Kairos:

Commitment

I understand that serving on a Kairos Weekend requires my full participation. I agree to:

- ☐ Attend all required team formation meetings
- ☐ Attend the entire Kairos Weekend
- ☐ Follow all Kairos International policies and procedures
- ☐ Follow all TDCJ and institutional rules and regulations
- ☐ Maintain confidentiality
- ☐ Support the ecumenical nature of Kairos
- ☐ Work cooperatively with the Weekend Leadership Team

Background Information

Have you ever been convicted of a felony?

☐ Yes ☐ No

If yes, please explain:

Are you currently approved as a volunteer by TDCJ / the correctional institution?

☐ Yes ☐ No

Approval Date: _____ **Volunteer Number:** _____

Signature

I certify that the information contained in this application is true and complete.

Applicant Signature: _____

Date: _____

FOR ADVISORY COUNCIL USE ONLY	
Application Received: _____	Interview Completed: _____
Volunteer Training Completed: _____	Institution Approved: _____
Assigned Position: _____	Weekend Leader: _____
Advisory Council Chair Approval: ☐ Yes ☐ No	
Comments: _____	

This form is a locally prepared Advisory Council application modeled on the standard Kairos Prison Ministry International Team Application format. It is not an official Kairos International document — please confirm current requirements with your Kairos Texas Area Council and TDCJ volunteer services before use.