



**KAIROS OUTSIDE-SAN DIEGO
P.O. Box 15900
SAN DIEGO, CA 92175**

KAIROS OUTSIDE TEAM APPLICATION

Name_____

Address_____

City_____ State_____ ZIP_____

Telephone (home)_____ (work)_____

Birth Date_____ E-mail_____

Occupation_____ Church_____

Made Kairos/Kairos Outside/Street Weekend_____ Location_____

List Kairos Outside Weekends Worked_____

List Team Assignments Held *(please include all positions held and Talks given)*

List musical instruments you play_____

We try to racially mix our teams, (Optional) Race:_____

Please Note: Kairos Outside Team Formation and Weekends are Drug, Alcohol, and Fragrance FREE.

PLEASE READ, FILL-IN AND SIGN THE BACK OF THIS APPLICATION

IN CASE OF EMERGENCY ONLY:

CALL: _____ PHONE _____

DOCTOR'S NAME _____ PHONE _____

INSURANCE _____ POLICY # _____

Team Agreement

As a faithful member of a Kairos Outside Team:

1. I will obtain a current Kairos Outside Manual and will be familiar with my responsibilities as presented therein.
2. I will make every effort to attend **all** Team Meetings.
3. After becoming familiar with the program, as a Christian, I agree to support in good faith the activities done on the Weekend, as well as the theological and Scriptural content of the talks, as outlined in the Kairos Outside Manual.
4. I will abide by the rules of confidentiality as set forth in the Kairos Outside Manual
5. I will abide by the rules of keeping Kairos Outside events drug, alcohol, and fragrance FREE. (see front of this application)
6. **I understand that if I breach Team Formation or Weekend rules of confidentiality or substance use, I will be dismissed from the Team.**

Signature _____