



Katy Torch #9

## Kairos Torch Team Application

(You must be at least eighteen years old. Please fill in all blanks)

If accepted to serve on this Team, I agree to attend the Team Formation meetings, to participate in the continuing ministry of Kairos Torch, to abide by the rules and policies of Kairos Torch and the Juvenile Justice System. I have reviewed the Team Agreement on the following page and with my initials and signature, acknowledge my belief in, and support of, the Agreement and the included Kairos Foundational Documents.

First Name (for Name Tag)	First Name (on Driver's License)	Last Name (on Driver's License)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (Month/Day/Year)		
<input type="text"/>		
Home Phone (with Area Code)	Cell Phone (with Area Code)	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Ethnicity
		<input type="text"/>
Denomination		<input type="text"/>
I am active in _____ Church.		

### Team Meeting Schedule Information

#### **Katy Torch #9**

*Starts: 5/03/2024*

#### ***Team Meeting Schedule***

2/24/2024 Champion Forest Baptist  
3/09/2024 Champion Forest Baptist  
3/23/2024 Champion Forest Baptist  
4/06/2024 Champion Forest Baptist  
4/20/2024 Champion Forest Baptist

### Return Completed Application to:

#### **Bill Shannon**

14 W Stony Bridge Ct  
The Woodlands, Texas 7738

*Home -*

*Cell - 832-298-1173*

**bs7259@gmail.com**

Office Use:



## Torch Team Agreement

Review the following statements and initial each to acknowledge your understanding of, and agreement with each item as a Kairos Torch volunteer. Sign and date the statement.

### AGREEMENT

Acknowledge each statement below with your initials. As a faithful member of Kairos Torch Weekend # \_\_\_\_\_ serving at

\_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_ (city/state):

\_\_\_\_ I am a Christian who believes in the Trinity of the Father, Son, and Holy Spirit. I honor and live the teachings of the Bible and our Lord and Savior, Jesus Christ. I fully uphold the principles of the Kairos Mission Statement, Statement of Faith, Core Values and Policy Statement on Interdenominational Christian Ministry attached to this Kairos Torch Volunteers Application.

\_\_\_\_ I will attend all team meetings.

\_\_\_\_ I will obtain a current Kairos Torch Program Manual and be familiar with my responsibilities as presented therein.

\_\_\_\_ After becoming familiar with the program, I agree to support in good faith the activities done on the Weekend, as well as the theological and scriptural content of the talks and meditations, as outlined in the manual.

\_\_\_\_ I will submit to the Weekend leader and his/her directions for the conduct of the team formation training, the Weekend, mentoring, and the Reunions.

\_\_\_\_ I will abide by all state and institutional rules and procedures required as a condition of entry into the Institution. I will abide by all security requirements, to include fingerprinting, for participation in Kairos Torch.

\_\_\_\_ I will abide by the rule of confidentiality as set forth in Kairos manuals.

\_\_\_\_ I understand that the Kairos Torch Weekend is the initiation of a long term mentoring program with the individual Participants from the institution. I agree to faithfully participate in the program as a mentor for a period of at least six months after the Weekend.

\_\_\_\_ I will faithfully hold the team, the Participants, and the institution in prayer during the entire term of my participation in the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Kairos Prison Ministry Foundational Documents

The Kairos Vision, Mission, Statement of Faith, and Core Values define who we are. Kairos Torch volunteers are expected to understand and support these key foundations of our ministry.

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### VISION

A Community  
Spiritually Freed  
From the Effects of Imprisonment  
Through the Love, Hope, and Faith  
Found in Jesus Christ

### MISSION

The mission of the Kairos Prison Ministry is to share the transforming love and forgiveness of Jesus Christ to impact the hearts and lives of incarcerated men, women and youth, as well as their families, to become loving and productive citizens of their communities.

### Statement of Faith

The people of Kairos are called by God to share the love of Christ with those impacted by incarceration. Kairos encourages believers from a variety of Christian traditions to be volunteers in this Christ-filled ministry.

Kairos programs offer to prison residents, their families, and those who work with them, the opportunity to receive God's forgiveness through faith in Jesus Christ, and to grow in their faith and servanthood in Christian community.

We stand on the common ground of the following elements of faith. We in Kairos believe:

- The Bible is God's authoritative and inspired word for our faith and our lives.
- In the Trinity of the Father, Son, and Holy Spirit.
- In the deity, death, and resurrection of Jesus Christ.
- Friendship with God is a free gift, for God so loved the world that He gave His one and only Son so that whoever believes in Him shall not perish but have eternal life.
- The love of Jesus Christ motivates His followers to provide food for the hungry, drink to the thirsty, welcome to the stranger, clothes for the naked, and visits to the sick and those in prison.
- In sharing the love and forgiveness of Jesus Christ with all incarcerated individuals, their families, and to those who work with them inside and outside the correctional institution.



## Core Values

Kairos Prison Ministry Core Values guide our behavior and actions as a board, staff, and volunteers:

### ***Lay-led, Christ Centered Ministry***

We are Christians who believe in the Holy Trinity and honor and live the teachings of the Bible and our Lord and Savior Jesus Christ. We conduct the ministry while inviting all to attend as Guests or Participants in Weekends and program specific follow-on activities to build Christian Community.

### ***Empowerment while Building Accountability***

While we empower the local volunteers to conduct the ministry, we are accountable to excellence and performance at the highest standards and authority of the ministry. We empower Guests or Participants to be accountable for their lives and be transformed by Jesus Christ.

### ***Continuing Ministry Model to Build Community***

We believe in the importance of enabling relationships to build community, thus our model includes the Weekend experience followed by Guests or Participants gathering regularly for accountability, support, and prayer. The full complement of the well-defined returning model is necessary for the community to prosper.

### ***Trustworthy***

We believe that we must be honest and truthful in our personal conduct as we represent the ministry consistently and with integrity. We are obedient to God in everything we do and obedient to the guidelines of the Kairos ministry programs.

### ***Respect and Love***

We believe in respecting each person with dignity while modeling Christ love. We practice "Listen, Listen, Love, Love."

### ***Stewardship***

We believe that we must be good stewards of our ministry's programs, funds, and resources, as well as our personal time, talent, and treasures.





## Voluntary Medical Information

Name \_\_\_\_\_

Address/City/State \_\_\_\_\_

Phone/Home/Cell \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_

Address/City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information (use the back of this paper if necessary)

Blood type (if known) \_\_\_\_\_

Allergies (food, medication, bees, pollen, etc.) \_\_\_\_\_

Medications currently taking/dosage/date started \_\_\_\_\_

Current medical problems \_\_\_\_\_

Medical treatment in past 12 months \_\_\_\_\_

Optional: Religious Affiliation \_\_\_\_\_

Pastor/Priest/Reverend/Minister \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Your signature

*This form will be kept in a sealed envelope and returned to you at the end of the Weekend. Kairos Prison Ministry International Inc. cannot and does not offer medical care on our events. Your signature on this form simply allows us to provide the medical information you desire to emergency medical personnel.*

**Kairos Prison Ministry International, Inc. provides not liability or medical insurance.**