



**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, **and understand, if I breach Team Formation or Weekend confidentiality, I will be dismissed from the Team.**

Signature \_\_\_\_\_