

Rockville #22 **Team Application**

A Team Application is REQUIRED in order to be considered as a prospective Team member. Filling out an Application does not guarantee a position on the Team.

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

A mandatory Team Formation period is required in preparation for each Karios Weekend. Its primary purpose is to unify the Team in the Spirit of Christ. This Team Formation period is highly structured with a well defined agenda. The Team learns about the prison environment and current rules of the prison. Specific tasks pertaining to the program are defined, explained, and assigned during the Team Formation. KAIROS is a continuing ministry. Team service also includes the participantion in KAIROS's continuing ministry - such as monthly meetings at the prison.

If accepted to serve on this Team, I agree to attend the Team Formation meetings, to participate in the continuing ministry of Kairos, to abide by the rules and policies of Kairos and the prison, and to support in good faith the activities and spirit of Kairos.

First Name (for Name Tag)	First Name (on Driver's License)	Last Name (on Driver's License)
Home Address		"Safe" Mailing Address (P.O. Box, Church, etc.)
City	State Zip	City, State Zip
Home Phone (with Area Code)	Work Phone (with Area Code)	Cell Phone (with Area Code) Never Served on a
Email		Gender Layperson
		Gender Layperson Male Female Clergy Musician
Driver License No. (and State)		Date of Birth
		Dept of Corrections Trained?
		Mo/Year Trained
Attended Emmaus/Cursillo/etc?	Year Attended: Pa	rticipate in Reunion Group? Attended Qualifying Weekend
Ex-Offender? Dept of Correction	ons No.	Year Released: Currently on Parole?
		Currently of Faroics
T		
Are you on a visitation list for any	inmates in this prison? If so, Name:	
Relationship to you:		Dept of Corrections No.
Relationship to you:		Dept of Corrections No plete and true to the best of my knowledge.
Relationship to you:		•
Relationship to you: I certify that the information	provided on this Application is com	•
Relationship to you: I certify that the information Your Signature:	provided on this Application is com	plete and true to the best of my knowledge.
Relationship to you: I certify that the information Your Signature: Church Name:	provided on this Application is com	plete and true to the best of my knowledge. Denomination:
Relationship to you: I certify that the information Your Signature: Church Name: Pastor's Name:	provided on this Application is com Date:	Denomination: Church Telephone:
Relationship to you: I certify that the information Your Signature: Church Name: Pastor's Name: Pastor's Approval: Team Schedule Infor Rockville #2	provided on this Application is com Date: mation 2	Denomination: Church Telephone: Date: Return Completed Application to:
Relationship to you: I certify that the information Your Signature: Church Name: Pastor's Name: Pastor's Approval: Team Schedule Infor Rockville #2 Starts: 5/28/2015	provided on this Application is com Date: mation 2	Denomination: Church Telephone: Date: Return Completed Application to: Donna Kay Orwig
Relationship to you: I certify that the information Your Signature: Church Name: Pastor's Name: Pastor's Approval: Team Schedule Infor Rockville #2 Starts: 5/28/2015 Team Meeting Schedule 3/07/2015 New Market Christia	provided on this Application is com Date: mation 2	Denomination: Church Telephone: Date: Return Completed Application to: Donna Kay Orwig 8429 E State Road 234
Relationship to you: I certify that the information Your Signature: Church Name: Pastor's Name: Pastor's Approval: Team Schedule Infor Rockville #2 Starts: 5/28/2015 Team Meeting Schedule 3/07/2015 New Market Christia 3/21/2015 302 S 3rd Street	provided on this Application is com Date: mation 2 5 an Church	Denomination: Church Telephone: Date: Return Completed Application to: Donna Kay Orwig 8429 E State Road 234 Ladoga, IN 47954
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Instructional Reunion (all day)

@ Rockville Correctional Facility

dorwig2555@sbcglobal.net