



# Kairos Discipleship School

## APPLICATION

Please type or print:

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

Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

What name do you prefer to be called? \_\_\_\_\_

Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (Phone)

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (Phone)

Send mail to my current address until: \_\_\_/\_\_\_/\_\_\_ (fill in if two different addresses above)

Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

Do you use: Facebook \_\_\_ Instagram \_\_\_ Other \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Citizenship: US \_\_\_ Canadian \_\_\_ Other \_\_\_\_\_

Height: \_\_\_ Weight: \_\_\_ Age: \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_

Sex: Male \_\_\_ Female \_\_\_ Approximate T-Shirt: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

How did you hear about Kairos?

Are there any known limitations that would not allow you to participate in wilderness and/or activities? If yes, please explain.

### PARENTS:

I live with: Both Parents  Mother Only  Father Only  Other: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are your parents missionaries or pastors? Yes \_\_\_ No \_\_\_ If yes, please fill in the following:

Position: \_\_\_\_\_ Church/Organization: \_\_\_\_\_

### RECENT PICTURE

This photo can be any that will give us an idea of what you look like. Attach it here (trim w/ scissors to fit inside box; write name on back of photo).

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Location (city/state/country) \_\_\_\_\_

**CHURCH:**

Church you attend: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Church Email: \_\_\_\_\_ Church Website: \_\_\_\_\_

Pastor: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

Youth Pastor's Email: \_\_\_\_\_

Denomination: \_\_\_\_\_ How long have you attended? \_\_\_\_\_

**EDUCATION:**

Have you graduated from High School? Do you have any post High School education? Yes \_\_\_\_ No \_\_\_\_

If Yes, please list below:

School Name:	Years Attended:	Major:	Purpose of Study:	Degree Received:

**EMPLOYMENT:**

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been involved with Reign Ministries/Royal Servants? (circle) Yes No

If yes, please specify the year(s), team(s), and/or program(s): \_\_\_\_\_

**BIOGRAPHICAL INFORMATION:**

Answer all 6 of these biographical questions on a separate sheet of paper. Please number each answer to coincide with the question asked.

1. Explain how and when you became a Christian.
2. Please describe your present relationship with the Lord. What is your current practice in regards to Bible study and prayer? What do your devotional times look like?
3. How would you describe your relationship with your family? How do they feel about your application to the program?
4. Describe your relationship with your local church and pastor, including areas of service and leadership experience.
5. Please describe your long-term goals. Do you have any idea about your life's calling specifically?
6. What are your reasons for wanting to go through Kairos Discipleship School? (Please share your expectations, and include at least two specific goals you wish to accomplish from this upcoming experience.)

**PERSONAL INFORMATION:**

1. Please list any special circumstances we should know about you (i.e. family, background, or medical).
2. Have you ever seen a counselor or had psychiatric care? \_\_\_\_\_  
If yes, please explain.
1. Do you, or have you ever struggled with any of the following?  
\_\_\_ Eating Disorder    \_\_\_ Depression    \_\_\_ ADD/ADHD    \_\_\_ Learning Disability  
If yes, please explain.
4. Do you or have you ever struggled with addiction to drugs, alcohol, or tobacco products? \_\_\_\_\_  
If yes, please explain.
4. Have you ever had any physical, mental, or emotional disabilities? If yes, please describe in detail.

**SPIRITUAL GROWTH:**

1. What do you see as your strengths (things you do well)?
2. What do you see as your weaknesses?
3. In what areas of your life do you wish to grow and/or change?
4. What are your spiritual gifts? If you are not sure, what do you think they could be?
5. Kairos will include serving in a local church ministry. What ministry areas would you like to develop or gain more experience in? (Please rate your top 3, 1 being your highest.)  
\_\_\_ Children    \_\_\_ Jr. High    \_\_\_ High School    \_\_\_ Young Adults    \_\_\_ Music/Worship    \_\_\_ Media

**ACTIVITIES:**

1. Do you play any musical instruments? \_\_\_\_\_ If yes, what? \_\_\_\_\_ How long have you played?
2. What things do you like to do in your spare time (your hobbies and interests)?
3. Have you ever held leadership positions in any church, social, fraternal, or civic organizations?  
If yes, what?

**MISC:**

1. If single, are you engaged to be married? \_\_\_\_\_ If yes, when will you be married?
2. Do you have the full fees for Kairos, or do you plan on raising them?
3. Will you be able to bring a vehicle with you?

**REFERENCES: Please list 3 references (your pastor, a parent, and a non-relative).**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

\*Please send your references the enclosed reference forms. Your references will mail them to Reign Ministries. Do not collect them!

**CHURCH SERVICE:**

It is important to Reign Ministries and your local church that you be involved in your church following training with Kairos. Will you serve your church following your Kairos Discipleship School experience? \_\_\_\_\_

**SIGNATURE: (Parent, Church, and Applicant)**

Important Note! If you are away at college and unable to get to your home church for a signature, or if your mission board is unable to meet with you in a reasonable time period, this application may be sent in on the verbal recommendation of your pastor with the agreement that a signed letter of recommendation from your church will follow before the start of the school. You will not be allowed to participate in the school without written recommendation.

Name of Kairos Applicant (please print) \_\_\_\_\_

I hereby give approval for my son/daughter, named above, to participate in Kairos.

Signature of Parent or Legal Guardian: \_\_\_\_\_

(required only if applicant is under 18 years of age)

I hereby certify that all the above information and statements are correct.

Signature of Applicant: \_\_\_\_\_

Please enclose the \$50 (\$75 Canadian) non-refundable Application Fee (check made payable to Reign Ministries), and return the application to:

**Kairos Discipleship School**

5401 W. Broadway Ave.

Minneapolis, MN 55428

763-535-9555



# Participant Checklist:

- Page one includes full legal name
- Application has all signatures
- Health History Form enclosed
- Background Check Form enclosed
- 3 References handed out
- Application Fee enclosed
- Photo enclosed
- All questions answered