



For Office Use Only:
Account # _____
In: ___/___/___ Dep.: _____

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 (___) ___-___ E-mail address: _____

What is your preferred method of communication? (Phone, Email, Text) _____

Date of Birth: ___/___/___ Citizenship: US ___ Canadian ___ Other _____

Height: ___ Weight: ___ Age: ___ Marital Status: Single ___ Married ___ Divorced ___

Sex: Male ___ Female ___ Approximate T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___

How did you hear about Kairos? _____

Are you applying for Kairos PLUS? (Kairos plus Royal Servants) _____

PARENTS:

I live with: Both Parents Mother Only Father Only Other: _____

Father: _____ Cell: (___) ___-___ Work: (___) ___-___

E-Mail: _____

Mother: _____ Cell: (___) ___-___ Work: (___) ___-___

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Position: _____ Church/Organization: _____

Location (city/state/country) _____

EMERGENCY CONTACT:

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).

Name: _____ Relationship to you: _____
 Phone Number: _____ Email: _____

CHURCH:

Church you attend: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (____) ____-_____
 Church E-mail: _____ Church Website: _____
 Pastor: _____ Youth Pastor: _____
 Youth Pastor's E-Mail: _____
 Denomination (full name): _____
 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 which team or program: _____

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 the 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 (i.e. family, background, or medical)
2. Have you ever seen a counselor or had psychiatric care? ___ If yes, please explain.
3. 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.
5. 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: (____) ____ - ____
 E-mail: _____

Name: _____ Relationship: _____
 Address: _____ Phone: (____) ____ - ____
 E-mail: _____

Name: _____ Relationship: _____
 Address: _____ Phone: (____) ____ - ____
 E-mail: _____

*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? _____

SIGNATURES: (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 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