



Application to Attend Kairos Closing
 Darrington #40
 Sunday, October 21, 2007 at 3 PM

THIS INFORMATION IS STRICTLY CONFIDENTIAL

Print all information clearly and exactly as it appears on your Driver's License or ID card.

Applicants must be 18 years of age

Prefix	First Name	Middle	Last Name	Suffix	Lay or Clergy
Home Address			Area Code	Home Phone	
City	State	Zip Code + 4	Area Code	Work Phone	
DOB (mm/dd/yy)	Driver's License No.	Email Address			

If possible, provide the name of the Kairos volunteer who gave you this application.

Are you an ex-offender from TDCJ? Yes No.
 If yes, did you ever reside at the Darrington Unit? Yes No If yes Dates _____

Are you related to, or do you know any inmate in this unit (other than through Kairos)? Yes ___ No ___
 Are you on the visitation list for any inmate(s) in this unit? Yes ___ No ___
 If "yes", their name(s) _____ Number (if known) _____
 Their relationship to you (son, friend, fiancé, etc.) _____

Church Affiliation: _____

I have attended (Circle one) Curssillo, Discovery, Emmaus, Journey, Tress Diaz, or Other _____ No.
 _____ Date _____ Place _____

Or
 I have not attended a Curssillo, Emmaus, etc. weekend; however, I have the approval of my pastor to attend this closing as indicated by the signature below.

Pastor's Name _____ Pastor's Signature _____ Date _____
Pastor signature required only if you have not attended a three day weekend

I WILL READ AND FOLLOW THE "GUIDELINES FOR PRISONS" THAT WILL BE SENT TO ME WITH MY LETTER OF ACCEPTANCE. I UNDERSTAND THIS APPLICATION WILL BE CHECKED BY THE DEPARTMENT OF CRIMINAL JUSTICE FOR OUTSTANDING WARRANTS.

Your Signature _____ Date _____

Mail this application to: Dustie Hollon, 6802 Knoll Park Drive, Sugarland, TX 77479
 Email: dhollon@cowperwood.com Web site: <http://www.kairos-darrington.org>