



NORTH CAROLINA DEPARTMENT OF ADULT CORRECTION ONE TIME VOLUNTEER APPLICATION

GROUP/ORGANIZATION NAME: Kairos Prison MinistryGROUP/ORGANIZATION ADDRESS: P O Box 823 Burnsville, NC 28714GROUP/ORGANIZATION REPRESENTATIVE: Jim SwaimGROUP ORGANIZATION REPRESENTATIVE ADDRESS: 305 Robertson St Burnsville, NC 28714HOME PHONE: () _____ CELL PHONE NUMBER: (828) 284-0299ACTIVITY/PROGRAM: Kairos Closing CelebrationDATE & TIME TO BE CONDUCTED: Date: October 19, 2025 Time: 11:00am until 3:00pm

Are you currently on Probation, Parole or Post Release Supervision? Yes _____ No _____

Are you or any member of this group/organization related to an Offender at this facility? Yes _____ No _____

Are you or any member of this group/organization an approved visitor for an Offender at this facility? Yes _____ No _____

Are you or any member of this group/organization related to an employee at this facility? Yes _____ No _____

Are you or any member of this group/organization a former employee of this facility? Yes _____ No _____

(If you answered "yes" to any of the above questions, please list the name and relationship below and further discussion with the Community Volunteer Coordinator and/or Facility Head may be required before approval)

Employee Name: _____ Relationship: _____

Offender's Name: _____ Relationship: _____

I understand that I will not receive any compensation for serving as a volunteer.

I understand that there are certain risks inherent in working within the confines of a correctional facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from legal liability that may result from my actions as a representative.

I, _____, have been oriented by the Community Volunteer Coordinator as a "One Time Volunteer" to the Facility and Department Policy, Rules and Regulations. I have also signed the "Acknowledgement of Community Volunteer Training, Orientation and Refresher Training From".

Group/Organization Representative_____
Date_____
One Time Volunteer_____
Date_____
Community Volunteer Coordinator_____
Date