Kairos Prison Ministry

I was in prison …and you visited me
Matthew 25:36

Application to Attend Kairos
Weekend Closing at Marion Correctional Institution

Kairos Weekend Closing I am requesting to attend:

Weekend #57 Sunday October 25, 2026

Print Name (as on your state ID): _____

Address: _____

City: _____ State:_____ Zip Code: _____

Phone Number: ( ) _____

E-mail address: _____

Ohio Driver's License No: _____ Expiration Date: _____

Date of Birth: _____ (Must be 18 or older) Gender: circle M F

Additional item(s) for gate pass (please list seat cushion, walker, cane, or wheel chair if needed): _____

I agree to read and follow the "Guidelines for Prisons" that will be provided to me by a team member or posted on the Kairos web site (kairosohio.org). I understand this application will be checked by the Ohio Department of Criminal Justice for outstanding warrants in Ohio and the U.S.

_____ _____
Signature **Date**

Important: The MCI Closing Guest Application must be submitted to the Inside Coordinator or Data Coordinator on or before Friday, October 2, 2026.
You are approved to attend the closing unless informed otherwise.

Please arrive at the MCI visitor's reception desk at* 940 Marion-Williamsport Road, Marion, Ohio 43302, *Building A, by 12:30 PM with your state ID.

Ohio Department of Rehabilitation and Correction

Contractor/Volunteer/Intern Supplemental Questionnaire

Applicant Name: _____ Last Four (4) Digits of Social Security No.: _____

1. Have you ever been convicted of O.R.C. 2909.22, 2909.24, and/or 2909.29; Soliciting or providing support for an act of terrorism, Terrorism, or money laundering in support of terrorism?
   ☐ Yes ☐ No
2. Have you ever been accused of an inappropriate or unauthorized relationship in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
   ☐ Yes ☐ No
3. If you answered yes to the above question, please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
4. Have you ever been accused of sexual abuse or resigned from employment during a pending investigation of an allegation of sexual abuse?
   ☐ Yes ☐ No
5. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
6. Have you ever been accused of sexual harassment?
   ☐ Yes ☐ No
7. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
8. Have you ever been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
   ☐ Yes ☐ No
9. If you answered yes to the above question please indicate the Location of adjudication or conviction, Date of adjudication and/or conviction, Allegation, and Outcome. If no, write N/A.
10. Have you ever been accused of or been convicted of O.R.C. 2921.36; Illegal conveyance of weapons, drugs, or other prohibited items onto the grounds of a detention facility or institution?
    ☐ Yes ☐ No
11. If you answered yes to the above question please indicate the Employer, Date of employment, Allegation and Outcome. If no, write N/A.
12. Have you ever knowingly accessed confidential personal information in violation of a rule of a state agency; or knowingly used or disclosed confidential personal information in a manner prohibited by law?
    ☐ Yes ☐ No
13. If you answered yes to the above question please indicate the Employer and/or location, Location, Date, and Outcome. If no, write N/A.

Applicant Signature:	Date:

Each question must be answered

Department of Rehabilitation & Correction

Nexus

Definition of Nexus - An employee, volunteer or contractor who has any contact and/or relationship with an incarcerated person who:

- Is currently Incarcerated under the supervision of the Department or Rehabilitation and Correction
- Is currently on parole under the supervision or the Department or Rehabilitation and Correction
- Was recently released from a DRC facility (within the last 5 years)
- Was recently released from parole under DRC Supervision (within the last 5 years)

A Nexus would include but not be limited to the following examples:

- If you have been on an offender's visit list
- If you have ever placed money on an incarcerated person's/supervisee's books
- If you have ever communicated with an incarcerated person/supervisee on electronic messaging.
- If you have ever made phone calls to or received phone calls from an incarcerated person/supervisee.

I understand if my relationship status changes or I transfer to a different work location, I am immediately required to complete a new nexus form and submit it to my Managing Officer/APA Regional Administrator for approval.

Name _____ OAKS Number: _____ Employee Type: _____

Job Title _____ Your Current Work Location: _____

I ☐ NO NEXUS **COMPLETE ONLY ONE SECTION BELOW (I, II OR III)**

I state that, to the best of my knowledge, I have no nexus connection, affiliation, or relationship to any incarcerated person/supervisee currently under the supervision of the Ohio Department of Rehabilitation and Correction or any other criminal justice agency. I understand that should I become aware of such a relationship I am required to notify my Managing Officer/APA Regional Administrator the next business day.

II ☐ NEXUS - REQUESTING NO CONTACT *(Select one of the 2 options below and explain below)*

I do have a nexus I am required to report, but I do not wish to correspond, visit, send funds/packages or communicate with them while they are incarcerated or on under community supervision.

Incarcerated Person/Supervisee Name: _____

Incarcerated Person/Supervisee Number: _____

☐ I do not anticipate professional conflict if the individual remains in the same prison/APA region.

☐ I anticipate a professional conflict if the individual remains in the same prison/APA region

Please Note: In some cases, incarcerated individuals with certain medical, mental health, classification, security, supervision or other needs will require the incarcerated individual to be kept in a certain prison/region. In situations where incarcerated individuals cannot be moved for these reasons, requests to not work in the same facility/region with the incarcerated individual cannot be accommodated.

Please explain your relationship with this individual:

III ☐ NEXUS - REQUESTING CONTACT

I have a nexus with the individual listed below who is currently incarcerated in the ODRC facility, or is under the supervision of the APA or another criminal justice agency, and I wish to maintain contact with them.

Incarcerated Person/Supervisee Name: _____

Incarcerated Person/Supervisee Number: _____

Please describe your relationship and the purpose and extent of the contact:

Staff	

Print Name:	Signature:	Date:

Managing Officer Action:

☐ Transfer ☐ Approve Professional Contact Only - No Transfer ☐ Approve Contact ☐ Disapprove Contact

Print Name:	Signature:	Date:

DRC1903

Volunteer/Contractor/Intern Emergency Information

Name:			Last 4 digits of Drivers License #:	
Current Residence:				City:
State:	Zip:	Birth Date:	E-mail Address:	
Home Phone (Including Area Code):		Cell Phone (Including Area Code):		

* In the event of an emergency where driving directions are needed to your home, the address listed above will be used to run "driving directions" using a mapping service through the internet.

List 3 Persons To Notify In The Event Of An Emergency:

1. Print Name:		Relationship:	
Primary Contact Number:	Alternate Number:		
Address:	City:	State:	Zip:
2. Print Name:		Relationship:	
Phone Number: ( )	Address:		
City:	State:	Zip:	
3. Print Name:		Relationship:	
Phone Number: ( )	Address:		
City:	State:	Zip:	
Do You Wear a Medical Tag: ☐ Yes ☐ No	If Yes, Please Explain:		
Name of Family Doctor:		Doctor's Phone Number: ( )	
Model of Car 1:	Plate #:		
Model of Car 2:	Plate #		

If any information on this form changes, a new form must be completed and returned to the Volunteer Coordinator.