

**CANDIDATE'S APPLICATION**

**PLEASE PRINT AND COMPLETE ALL INFORMATION**

NAME: \_\_\_\_\_  
First Last Nickname (if any)

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE, HOME : \_\_\_\_\_ WORK: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ SINGLE: \_\_\_\_\_ MARRIED: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ WIDOWED: \_\_\_\_\_

PRESENT PARISH OR CHURCH: \_\_\_\_\_

BAPTISM: WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_ CONFIRMATION: WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

PLEASE LIST OTHER RELIGIOUS MOVEMENTS OR APOSTOLIC GROUPS IN WHICH YOU ARE INVOLVED: (i.e. CHARISMATIC, MARRIAGE ENCOUNTER, KNIGHTS OF COLUMBUS, LEGION OF MARY, ETC) AND INDICATE THE LEVEL OF INVOLVEMENT:

\_\_\_\_\_  
\_\_\_\_\_

PROFESSION / WORK: \_\_\_\_\_ YEARS IN CURRENT POSITION: \_\_\_\_\_

SPOUSE'S CURSILLO: WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

PLEASE LIST ANY PHYSICAL LIMITATIONS, MEDICAL CONDITIONS, ALLERGIES OR ANYTHING WHICH MIGHT CAUSE DIFFICULTY DURING THE CURSILLO WEEKEND OR WHICH MIGHT REQUIRE A SPECIAL DIET: \_\_\_\_\_

\_\_\_\_\_

DO YOU SMOKE? YES \_\_\_ NO \_\_\_ THIS APPLICATION WAS GIVEN TO YOU BY: \_\_\_\_\_

FRIENDS WHO HAVE MADE A CURSILLO: \_\_\_\_\_

\_\_\_\_\_

PLEASE STATE IN YOUR OWN WORDS WHY YOU WISH TO MAKE A CURSILLO: \_\_\_\_\_

\_\_\_\_\_

HAS THE FOLLOW-UP PROGRAM OF SMALL GROUP SHARING (GROUP REUNION) & THE LARGER COMMUNITY GATHERING (ULTREYA) BEEN EXPLAINED TO YOU? YES: \_\_\_\_\_ NO: \_\_\_\_\_

WHAT IS YOUR UNDERSTANDING OF THESE TWO CHRISTIAN COMMUNITIES? \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

You will be contacted by mail when a space is available for you on a particular Cursillo Weekend.

***Cursillo is supported by donations. You will have an opportunity on the weekend to make a donation.***

**PLEASE GIVE THIS APPLICATION TO YOUR SPONSOR, WHO WILL FORWARD IT TO THE PRE-CURSILLO COMMITTEE.**

*THANK YOU AND GOD BLESS YOU.*

\_\_\_\_\_

**SPONSOR'S APPLICATION**

PLEASE PRINT AND COMPLETE ALL INFORMATION

SPONSOR'S NAME: \_\_\_\_\_  
First Last Nickname (if any)

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE, HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ PARISH \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CANDIDATE NAME: \_\_\_\_\_

CANDIDTE IS: \_\_\_ M \_\_\_ F. IS YOUR CANDIDATE A CATHOLIC? \_\_\_ IF NO, PLEASE EXPLAIN: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN YOUR CANDIDATE? \_\_\_\_\_ HOW LONG HAVE YOU DISCUSSED CURSILLO? \_\_\_\_\_

DATE AND LOCATION OF YOUR CURSILLO: \_\_\_\_\_

DO YOU PARTICIPATE IN A REGULAR GROUP REUNION? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

DO YOU PARTICIPATE IN AN ENVIRONMENTAL GROUP? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

DO YOU PARTICIPATE IN ULTREYA / WHERE? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

INTO WHICH OF THESE COMMUNITIES DO YOU PLAN TO INCORPORATE YOUR CANDIDATE? \_\_\_\_\_

DOES YOUR CANDIDATE HAVE, OR HAS HAD, EMOTIONAL, PHYSICAL, DRUG OR ALCOHOL PROBLEMS OR ANYTHING THAT WOULD AFFECT HIS/HER FULL PARTICIPATION ON THE WEEKEND? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WHAT CAN YOU SHARE ABOUT YOUR CANDIDATE THAT WOULD BE HELPFUL TO THE LEADERS OF HIS/HER TABLE? \_\_\_\_\_

HAVE YOU PREPARED YOUR CANDIDATE IN A MANNER WHICH HE/SHE CAN PARTICIPATE FULLY IN THE WEEKEND & THE FOURTH DAY? \_\_\_\_\_

IF THE CANDIDATE IS MARRIED, HAVE YOU PREPARED BOTH SPOUSES? (IF NO, EXPLAIN FULLY) \_\_\_\_\_

IS THE SPOUSE'S APPLICATION ACCOMPANYING THIS ONE? (IF NO, EXPLAIN FULLY) \_\_\_\_\_

WHAT HAVE YOU EXPLAINED TO THE CANDIDATE ABOUT THE FOURTH DAY (i.e. GROUP REUNION, ULTREYA, ETC.)? \_\_\_\_\_

WHAT INVOLVEMENT DOES YOUR CANDIDATE HAVE IN HIS/HER PARISH AND CHURCH RELATED GROUPS? \_\_\_\_\_

WHY IN YOUR OPINION SHOULD THIS CANDIDATE BE CONSIDERED FOR A CURSILLO? \_\_\_\_\_

SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ULTREYA LEADER'S SIGNATURE (from candidate church) \_\_\_\_\_ DATE: \_\_\_\_\_