



# ROCHESTER CURSILLO

## Application Form

[rochesterkursillo.org](http://rochesterkursillo.org)

*The Rochester Cursillo is part of a worldwide movement of the Catholic Church. Its purpose is to provide a method for living a Christian life. We are a group of men and women who are committed to changing our environments with the message of the Gospel. The three-day weekend experience is a "short course" that is a joyous introduction into a supportive and growing community of friends in Christ who are working to bring others to Christ. The three-day weekend is more than simply a retreat or a spiritual uplift. It is designed to assist you to develop, live, and share your spirituality - your life in Christ.*

*Please print or type all information on this form.  
Information will remain confidential, but assists the weekend coordinator in meeting applicant's needs.*

First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Emergency Contact \_\_\_\_\_

E-Mail \_\_\_\_\_ Sex: M F Birth Date \_\_\_\_\_

Occupation \_\_\_\_\_

Are you a practicing Catholic? Yes No Parish \_\_\_\_\_ City \_\_\_\_\_

Please circle: Single Married Widowed Divorced/Sep. Priest Religious Deacon

**If Married:** Spouse's Name \_\_\_\_\_  
Is spouse Catholic? Yes No  
Has your spouse made Cursillo? Yes No If so, Cursillo # or location \_\_\_\_\_

**Health/Diet Information:**  
Food Restrictions: Diabetic \_\_\_\_\_ Vegetarian \_\_\_\_\_ Food Allergies \_\_\_\_\_ Other \_\_\_\_\_  
Health Conditions (problems with stairs, hearing, etc.) \_\_\_\_\_  
Do you smoke? Yes No Do you snore? Yes No

**Ministries/Organizations:**

Church related (Lector, Eucharistic Minister, Music, etc) \_\_\_\_\_

Community Related \_\_\_\_\_ Professional \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

*Your Cursillo Weekend has already been paid for by other Cursillistas! During your weekend you will be given the opportunity to make a donation for future candidates to attend a weekend. Please discuss this with your sponsor.*

Candidate Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Please see reverse side for sponsor information)*

**FOR PRECURSILLO USE:**  
Date Received \_\_\_\_\_  
W# \_\_\_\_\_ Called \_\_\_\_\_ Yes No  
Letter Sent \_\_\_\_\_ Cancelled \_\_\_\_\_  
Note: \_\_\_\_\_

Ultreya \_\_\_\_\_

ROCHESTER CURSILLO - **Sponsor Recommendation** for: \_\_\_\_\_  
(Candidate's Name)

**Candidate is being sponsored by:**  
(Please circle): Individual With Co-Sponsor Friendship Group Ultreya Center

Sponsor Name \_\_\_\_\_ Cursillo # or location \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Sex: M F Current Parish \_\_\_\_\_ City \_\_\_\_\_  
 How long have you known the candidate? \_\_\_\_\_ Years  
 Would the candidate make a good: Table Leader? Yes No Secretary? Yes No  
 Please be honest. The weekend is intense and any stress factors should be acknowledged. Has your candidate experienced any physical, mental, or emotional difficulties that might present a problem on the weekend? (Please circle): Yes No  
 Explain: \_\_\_\_\_  
 Information is kept confidential.  
 Why are you recommending this candidate? \_\_\_\_\_  
 If married & Catholic, has the spouse been informed/invited to the movement? Yes No Are they interested? Yes No  
 Have you reviewed the Rochester Sponsor Guidelines? Yes No  
 Do you attend Ultreya? Yes No Where? \_\_\_\_\_  
**SPONSOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (My signature indicates my acceptance of the responsibilities outlined in the Rochester Cursillo Sponsor Guidelines)

**If there is a Co-sponsor:**  
 Co-sponsor Name: \_\_\_\_\_ Cursillo # \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**If sponsored by a Friendship Group or Ultreya Center:**  
 Name of Group/Ultreya: \_\_\_\_\_ Name & phone # of contact person: \_\_\_\_\_

**PASTOR RECOMMENDATION:**

Do you know the candidate personally? Yes No (If no - please have additional staff recommendation\*)  
 Is the candidate able to receive the sacraments? Yes No  
 Do you recommend this candidate for Cursillo? Yes No  
 Have you made a Cursillo Weekend? Yes No Weekend # \_\_\_\_\_  
 Would you like information about Cursillo? Yes No  
 Remarks: \_\_\_\_\_  
**PASTOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (\* Additional staff signature if needed \_\_\_\_\_)

(Please submit completed application to the Pre-Cursillo Chairperson)