

## Rochester Cursillo Movement Application Form

First Name:

Nickname:

Last Name:

Address:

City:

State:

Zip Code:

Home Phone:

Email:

Gender: Male

Birthdate:

Occupation:

Are you a practicing Catholic? Yes

Parish:

City:

Marital Status: Single

Vocation: NA

Emergency Contact Information:

Name:

Phone:

If Married:

Spouse's Name:

Is spouse Catholic? Yes

Has your spouse made Cursillo? Yes

If so, what weekend number or location:

Health and Diet Information:

Food Restrictions: Diabetic

Vegetarian

Food Allergies:

Other:

Health Conditions: (problems with stairs, hearing, etc.)

Do you smoke? Yes

Do you snore? Yes

Ministries and 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: \_\_\_\_\_

Being sponsored by: Individual

Sponsor Information: Name: Cursillo Number:

Address:

City: State: Zip Code:

Home Phone: Email:

Gender: Male Parish: City:

How long have you known the candidate? Years

Would the candidate make a good: Table Leader? Yes Secretary? Yes

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? Yes

If so, please explain:

Information is kept confidential.

Why are you recommending this candidate?

If married and Catholic, has the spouse been informed/invited to the Movement? Yes Are they interested? Yes

Have you reviewed the Rochester Sponsor Guidelines? Yes

Do you attend Ultreya? Yes 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:**

Name: Cursillo Number: Phone:

Address: Email::

**If sponsored by a Friendship Group or Ultreya Center:**

Name of Group or Ultreya Center:

Name of contact person: Phone:

Rochester Cursillo Movement Pastor Recommendation for:

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                      If yes, Weekend #: \_\_\_\_\_

Would you like information about Cursillo?                      Yes                      No

Remarks: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional staff signature if needed: \_\_\_\_\_