

APPLICATION TO EXPERIENCE A CURSILLO

Cursillo is an experience of Christian community, which celebrates the Gospel message in today's world. As the community forms, the focus is on you and your relationship to Christ and to others. It can be a demanding yet rewarding experience. Cursillo is not intended to provide treatment for personal problems or marital difficulties. Those who may be experiencing emotional crises should not attend a Cursillo until difficulties are resolved.

Note: Cursillo is also an experience that is intended to be shared. For this reason, spouses are asked to fill out applications for a subsequent weekend and send them in at the same time. The suggested age limits are from 25 to 65.

The fee for the weekend is \$165. A deposit can be sent with this form and the balance paid by the time of arrival at the weekend. If you are unable to pay the entire fee, please speak to your sponsor.

CANDIDATE INFORMATION

NAME: _____ DATE: _____ DOB: _____

FULL ADDRESS: _____ CITY: _____ ZIP: _____

Primary PHONE/CELL#: _____ Secondary PHONE/CELL#: _____

EMAIL Address: _____

MARRIED*__ SINGLE __ DIVORCED __ WIDOWED __ ANY CHILDREN? __ AGES? _____

*IS HE/SHE A CURSILLISTA? _____

EMERGENCY CONTACT: NAME: _____ PH#: _____

YOUR CHURCH/PARISH: _____ LOCATION: _____

FAITH DENOMINATION: _____ BAPTIZED CHRISTIAN? _____

What church/community activities are you currently involved in, if any? _____

Please briefly describe what it means to you to be a Christian?

Why do you wish to experience a Cursillo weekend at this time? _____

Do you have any questions about Cursillo that your sponsor did not answer? Yes No

Were Ultreya and the 4th Day Group(s) explained clearly to you? Yes No

So that we might best meet your needs, do you have any special circumstances, health/mobility issues, dietary needs, allergies, etc. Yes (Please describe below. We will follow up with you personally, as needed.) No

Candidate Signature: _____ Date: _____

Once you and your sponsor have completed this entire application, including the Clergy Affirmation, please return to any member of the team for the Weekend, so it can reach the Team Rector/Rectora.

SPONSOR AFFIRMATION

To be a sponsor is a privilege and with this privilege comes responsibility. As a Sponsor, your responsibilities will be to know and care for your candidate before, during, and after the weekend. *All Co-Sponsors should complete this portion of the application as well.

NAME: _____ Primary Co-sponsor*

FULL ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ 2ND PHONE/CELL: _____

EMAIL: _____

CHURCH/PARISH: _____ LOCATION: _____

DATE & LOCATION OF YOUR CURSILLO: _____

HAVE YOU ATTENDED A SPONSORSHIP WORKSHOP? YES NO When? _____

WHAT DO YOU SEE AS YOUR RESPONSIBILITIES AS A SPONSOR/CO-SPONSOR*? _____

Are you active in: Fourth Day Ultreya Secretariat Secretariat Committees?

TO WHAT FOURTH DAY COMMUNITY WILL YOUR CANDIDATE RETURN? _____

How long AND how well do you know your candidate? _____

Describe the personality of your candidate: (Leader, follower, quiet, talkative, etc.) _____

Has your candidate recently experienced the loss of a loved one, or another difficult life experience?

YES NO If yes, please explain: _____

Does the candidate understand that he/she is being invited to be continually supported by a community of love centered in Jesus Christ (before, during and after the weekend)? YES NO

I promise to offer Prayer/Palanca for my candidate before, during and after the Cursillo weekend. I will fulfill my sponsor responsibilities and will encourage my candidate's attendance at Ultreya and participation in a 4th day community.

Sponsor Signature: _____ Date: _____

*Co-sponsors should each complete this portion of the application. New Cursillistas (less than 6 months) or Team Members require co-sponsors.

PRIEST/CLERGY AFFIRMATION

Name: _____ Phone: _____

Email: _____

Church/Parish: _____ Location: _____

Faith Denomination: _____

Have you experienced a Cursillo?*** _____ Are there active Cursillistas in your parish? _____ 4th Day activities? _____

***Interested in Serving on a team? _____

Do you have an understanding of the SF/SM Cursillo community and its affiliation with both the Episcopal Diocese of California and the Roman Catholic Archdiocese of San Francisco? _____

If you have any particular questions or concerns, please feel free to email us at SFSMCandidateApp@gmail.com.

Do you personally know this candidate and if so, in what capacity? _____

If not, have you reviewed this application and consulted with the sponsor(s) so as to make a recommendation? _____

If so, please share any additional observations that you feel are relevant. _____

Will this candidate be returning to your parish/church? _____

Do you feel that this person can accept the demands and responsibilities of Cursillo at this time? _____

May we assume that by signing this form you support the candidacy of this person? _____

Clergy Signature/Title: _____ Date: _____