

## 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.

**Effective 2025, the fee for the weekend is \$275. 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 regarding scholarship support.**

### CANDIDATE INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ B'DAY: \_\_\_\_\_

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 4<sup>th</sup> 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.  
You may also mail it to Cursillo Secretariat at PO Box 5615, San Mateo CA 94402

## 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: \_\_\_\_\_ 2<sup>ND</sup> 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 4<sup>th</sup> 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: \_\_\_\_\_