

**THE CURSILLO MOVEMENT
EPISCOPAL DIOCESE OF NORTHERN CALIFORNIA
1318 27th STREET
SACRAMENTO, CA 95816-5902**

CANDIDATE APPLICATION TO ATTEND CURSILLO

Cursillo is a short course in Christian living. It is a very rewarding and challenging experience for most people. However, it is demanding - both physically and emotionally. Cursillo is not intended to provide treatment for personal problems or marital difficulties.

Those in emotional crisis should resolve their difficulties before attempting to attend Cursillo.

**Cursillo applicant, please complete the following (one applicant per application).
Please print or type.**

Name: _____ Gender: ___ M ___ F

Birthdate: _____

Address: _____

City/State: _____ Zip: _____

Telephone: (____)____-____ e-mail _____

Occupation: _____

Spouse's name if married _____

Has spouse attended Cursillo: ___yes ___no

Church presently attending _____

Denomination _____

Have you been baptized: ___yes ___no

Religious groups and activities _____

Civic and fraternal organizations _____

Special medical/dietary needs _____

Cursillo date for which you are applying _____

Applicant's signature _____ Date signed _____

This is an application for entrance to a Cursillo. The applicant will receive confirmation of acceptance, giving the exact dates and place of the Cursillo for which the applicant has been accepted. The signature of the applicant's minister is required before this application can be accepted.

Signature of applicant's pastor _____ Date: _____
Church _____

(Sponsor - please complete the sponsor's information form on reverse side)

Sponsor's information sheet

This sponsor's information sheet must be completed and returned to the registrar with the fee before your candidate can be accepted to attend Cursillo.

Beginning January 2003, the cost of sending your candidate to Cursillo is **\$125.00**.

Applications without the appropriate fee will not be accepted.

Please make checks payable to: "The Cursillo Movement."

Mail the completed form, together with your check to the address on the Candidate Application Form. A \$10 non-refundable processing fee will be retained in the case of a cancellation.

All information provided will be treated as confidential.

Sponsor's information:

Sponsor's name(s) _____

Telephone (_____) _____ - _____ e-mail _____

Address _____ City/State _____ Zip _____

Do you participate in a permanent group reunion: ___yes ___no

Are you willing to introduce your candidate into a group reunion: ___yes ___no

Do you yourself attend an ultreya on regular basis: ___yes ___no,

If yes, which one(s): _____

Have you attended a sponsor's briefing within the past year? ___yes ___no

Candidate's Information:

Name _____

Nickname: _____ (for the name tag)

How long have you known this candidate? _____

What is the candidate's denomination, church: _____

What is your relationship to the candidate? _____

(spouse, parent, friend, business associate, etc.)

What is this candidate's church leadership experience: ___extensive ___average ___limited

Describe the leadership qualities you see in this candidate:

Please comment prayerfully on any physical limitations, medical problems, or emotional needs that your candidate may have, for which the spiritual directors, rector, and table leaders should be aware: _____

"I have prayed about my candidate, my duties and responsibilities as a sponsor and I pledge that, with Christ's help, I will do my best to meet them."

Sponsor's signature _____ date _____