## CURSILLO CANDIDATE APPLICATION Archdiocese of Mobile

Candidate: This application must be on file in order for you to be able to make the Cursillo. Please fill out the reverse side of this form completely, and return it to your sponsor as soon as possible. If you need help, ask your sponsor. Among other considerations, the information you provide will help us to serve you better during the weekend.

Applications are processed in the order in which they are received, and you will be notified when you have been accepted.

The cost of the weekend is covered by donations. It is the policy of the Cursillo Movement of the Archdiocese of Mobile that no one who is unable to make a donation will be denied the opportunity of making the weekend.

WHAT IS CURSILLO? (pronounced: Cur-see-yo)

The full name is "Cursillo de Cristiandad" meaning "short course in Christianity". The Cursillo movement is a movement of the Church which by its own method makes it possible to live what is fundamental for being a Christian, and to live it together. It helps people discover and fulfill their personal vocations, and it promotes the creation of core groups of Christians who leaven their environments with the Gospel. Your sponsor should have provided you with a copy of the booklet "Cursillo - What is it?" which explains the movement more fully.

## WHAT TO EXPECT

The weekend is a blend of seriousness and lightheartedness, of spiritual exercises and conferences by clergy, religious and laity.

## CURSILLO CANDIDATE APPLICATION Archdiocese of Mobile

Please type or print clearly. Name: Last First MΙ preferred name Date of Birth Address\_\_\_\_\_ Street City Zip code State Preferred phone (\_\_\_\_)\_\_\_\_\_\_ Alternate (\_\_\_\_)\_\_\_\_ Email:\_\_\_\_\_\_ Gender M  $\square$  F  $\square$ Current Status: Single ☐ Married ☐ Widowed ☐ Div./Sep ☐ Priest ☐ Order ☐ Religious ☐ Deacon ☐ Name of Spouse: \_\_\_\_\_\_ Is your spouse Catholic? \_\_\_\_ Spouse attended a Cursillo? \_\_\_\_\_ Your Occupation:\_\_\_\_\_\_ Your Sponsor:\_\_\_\_\_ Special Circumstances: (Please list any information that will help us provide for your individual needs. Include health difficulties, food allergies, chronic illness, physical challenges, etc. This information is kept in strict confidence.) Any medical devices? Do you smoke? Do you snore Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_)\_\_\_ Candidate Signature\_\_\_\_\_\_ Date \_\_\_/\_\_\_\_ PASTORAL APPROVAL Parish \_\_\_\_\_\_ Is the candidate a member of your parish? \_\_\_\_\_ Is the candidate eligible to receive the sacraments? Yes \_\_\_\_ No \_\_\_\_ Do you approve of the candidate attending a Cursillo Weekend? Yes No Have you attended a Cursillo Weekend? \_\_\_\_\_ Pastor's Comments:\_\_\_\_\_\_ Pastor's Signature\_\_\_\_\_ Date\_\_/\_\_/

PLEASE RETURN THIS FORM TO YOUR SPONSOR AS SOON AS POSSIBLE