

FILIPINO CURSILLO COMMUNITY
(CATHOLIC CURSILLO MOVEMENT)
Diocese of Oakland



CANDIDATE APPLICATION FORM

PERSONAL INFORMATION

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Cell Phone: _____
_____ Email: _____
Date of Birth: _____
Occupation: _____ Parish Affiliation: _____

Marital Status: Single Married Other (Divorced/Separated)

If married, please provide the following:

Date Married: _____
Parish & Address _____
Spouse Name: _____
Is he/she a Cursillista? Yes No

Is your marriage blessed by the Catholic Church? Yes No

Have you received the following Sacraments?:

Baptism Yes No Confirmation Yes No Are you able to receive Holy Communion?
 Yes No Yes No

Are you a member of any religious or social organizations? If so, please list below:

Why are you interested in joining the Cursillo? (DO NOT LEAVE BLANK)

EMERGENCY INFORMATION

Contact Name: _____ Phone: _____ Address: _____
Physician's Name: _____ Phone: _____ Address: _____
Medical Insurance #: _____

MEDICAL INFORMATION

Do you have any medical or physical needs?
 Yes No If yes, please specify:

Do you have any special dietary needs?
 Yes No If yes, please specify:

Are you currently taking any medication? Yes No
If yes, please specify:

COVID19 VACCINE: Are you fully vaccinated? Yes ___ No ___ ***Must be fully vaccinated to attend the Cursillo Weekend.*** (Please show proof of vaccination record upon arrival at the Retreat Facility)

ALLERGIES: _____

Has your sponsor given you any information about the Cursillo? Yes No

Is there any question that you would like to ask before attending the Three-Day Cursillo Weekend?
If so, please list your question(s) below and someone will contact you.

When would be the best time to contact you? M T W TH F SAT/SUN Morning Afternoon Evening

APPLICANT'S SIGNATURE: _____ **DATE:** _____

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SPONSOR INFORMATION

Name of Sponsor: _____ Home Phone: _____
 Address of Sponsor: _____ Work Phone: _____
 _____ Cell Phone: _____
 _____ Email: _____

Group Reunion Team: _____
 Name of Prospective Candidate: _____
 Address of Prospective Candidate: _____

Tell us something about your candidate (special abilities, talents, skills or gifts, in the areas that the candidate can make a contribution: Music, speaking or writing ability, organization skills, leadership skills, home-related skills, business skills, etc.) Please provide any information that you feel may help the Pre-Cursillo Committee in processing this application.

Have you discussed medical, dietary and physical needs with your candidate? Yes No

Please tell us about your current involvement in the Cursillo community:

Have you attended a Sponsor's Workshop? Yes No
 If Yes, when did you attend? Date: _____

I have given my candidate sufficient information about the Cursillo and the 3-Day Cursillo Weekend and he/she is willing to participate in the activities. I will provide his/her transportation to the Cursillo, if needed. I have informed my candidate of the donation of \$_____ for the weekend.

COVID19 VACCINE: Are you fully vaccinated? Yes ___ No ___ *Must be fully vaccinated to attend the Cursillo Weekend.* (Please show proof of vaccination record upon arrival at the Retreat Facility)

Sponsor's Signature: _____ **Date:** _____

**PLEASE SUBMIT COMPLETED FORM TO THE PRE-CURSILLO COMMITTEE
 OR, TO YOUR TEAM REPRESENTATIVE.**

FOR PRE-CURSILLO COMMITTEE USE

Date Application Received : _____ Application Received By : _____
 Interview Date : _____ Interviewed By : _____
 Left Message on : _____
 Application Approved Date : _____ Approved By : _____
 Chairperson's Signature : _____