



### APPLICATION FORM TO SERVE A CURSILLO WEEKEND

<b>Name:</b>
<b>Address:</b>
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____
<b>Email Address:</b>
<b>Name of Group Reunion Team:</b> _____ <b>Team Reps Name:</b> _____
<b>Date of your Cursillo:</b> _____ <b>Place:</b> _____ <b>Cursillo #:</b> _____ <b>Decuria:</b> _____
<b>Number of School of Leader (SOL) Attended:</b> _____ <b>CLW (Cursillo Leaders Workshop):</b> _____
<b>What is your current involvement in the Cursillo Community?</b> _____ _____
<b>Have you attended the Sponsor's Workshop?</b> <b>When</b> _____ <b>Where?</b> _____
<b>Have you had any prior experience in serving the Cursillo Weekend?</b> ___ Yes ___ No
<b>If yes, list the most recent date first:</b> Cursillo # _____ Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____
Cursillo # _____ Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____
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Cursillo # _____ Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____



Cursillo # \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_  
In what capacity? \_\_\_\_\_ If delivered a Rollo, what is your rollo? \_\_\_\_\_

Cursillo # \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_  
In what capacity? \_\_\_\_\_ If delivered a Rollo, what is your rollo?  
\_\_\_\_\_

Cursillo # \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_  
In what capacity? \_\_\_\_\_ If delivered a Rollo, what is your rollo?  
\_\_\_\_\_

Do you have any special talents or skills that maybe useful for the weekend which you wish to share with your fellow brothers/sisters? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health concerns that we should be aware of at this time? \_\_\_Yes \_\_\_No  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance  
Company: \_\_\_\_\_ Medical Record: \_\_\_\_\_ In case of medical emergency, do  
you have hospital preference: \_\_\_\_\_ Name of Hospital: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**COVID-19 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)**

**SIGNATURE:** \_\_\_\_\_

*Note: Please submit this application to the Rector/Rectora*

**FOR THREE DAY COMMITTEE:**  
Date Received by Rector/Rectora: \_\_\_\_\_ Date Reviewed by Rector/Rectora \_\_\_\_\_  
Letter of Acceptance mailed: \_\_\_\_\_

**PLEASE FILL-UP THE MEDICAL AUTHORIZATION FORM AS WELL.**