

# CURSILLO TEAM APPLICATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Spouse's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Home Parish/Mission \_\_\_\_\_

Birth date \_\_\_\_\_ Cursillo # you attended as pilgrim: \_\_\_\_\_

**SPECIAL QUALIFICATIONS**

Are you CPR certified?

Are you qualified to give medical assistance, if necessary?

Are you able to serve as Music Director?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Which instrument (if any) do you play? \_\_\_\_\_

PREVIOUS TEAM EXPERIENCE		
Cursillo No.	Position Served	Rollo Given
More than 3, please list on separate sheet.		

**YOUR 4<sup>th</sup> DAY ACTIVITIES**

1. Are you regular in church attendance?
2. Are you regular in Ultreya attendance?
3. Are you regularly meeting with a reunion group?
4. Are you observing your Rule of Life?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

Your Priest's Signature \_\_\_\_\_

**General Information:**

1. Each Cursillista wanting to serve as a team member must fill out an application.
2. This application will be effective for three (3) years.
3. Do not send an application until you are at least 6 months into your 4th day.

Send application to:  
 The Cursillo Movement  
 193 Northwood Lane  
 Natchitoches LA 71457-7843