CURSILLO STAFF APPLICATION

NAME: _____ NICKNAME: _____

SPOUSE'S NAME: _____ NICKNAME: _____

ADDRESS: _____

_____

PHONE: HOME _____ CELL _____ WORK _____

EMAIL: _____ ALTERNATE EMAIL: _____

HOME PARISH/MISSION: _____

BIRTHDATE: _____ CURSILLO # YOU ATTENDED AS A PILGRIM: _____

SPECIAL QUALIFICATIONS

ARE YOU CPR CERTIFIED?	YES	NO
ARE YOU QUALIFIED TO GIVE MEDICAL ASSISTANCE, IF NECESSARY?	YES	NO
ARE YOU ABLE TO SERVE AS MUSIC DIRECTOR?	YES	NO

WHICH INSTRUMENT (IF ANY) DO YOU PLAY? _____

YOUR 4TH DAY ACTIVITIES

ARE YOU REGUALR IN CHURCH ATTENDANCE?	YES	NO
ARE YOU REGULAR IN ULTREYA ATTENDANCE?	YES	NO
ARE YOU REGULARY MEETING WITH A REUNION GROUP?	YES	NO
ARE YOU OBSERVING YOUR RULE OF LIFE?	YES	NO

CURSILLO #	POSITION SERVED	ROLLO GIVEN

YOUR SIGNATURE _____ DATE: _____

YOUR PRIEST'S SIGNATURE _____

GENERAL INFORMATION

1. **EACH CURSILLISTA WANTING TO SERVE ON STAFF MUST FILL OUT AN APPLICATION.**
2. **THIS APPLICATION WILL BE EFFECTIVE FOR THREE YEARS.**
3. **DO NOT SEND AN APPLICATION UNTIL YOU ARE AT LEAST 6 MONTHS INTO YOUR 4TH DAY.**

MAIL APPLICATION TO:
THE CURSILLO MOVEMENT
P O BOX 42
OTIS, LA 71466

OR

EMAIL TO:
suzie789@aol.com

Revised 3/2018