

CURSILLO – APPLICATION

Return to: Cursillo Movement – Diocese of Erie

Date Received: Sponsor _____
Office _____

**429 East Grandview Boulevard
P.O. Box 10397
Erie, PA 16514-0397
Phone #: 814-824-1118**

Male
Female

Name: _____
(Please Print or Type) (Last) (First) (Initial) (Nickname) (Maiden Name)

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Primary E-mail address _____ Age: _____

(PLEASE PRINT CLEARLY)
Marital Status: Single Married Widowed Separated Divorced

***Please note last two lines at bottom of this sheet. Important information needed there.**

Religious Denomination: Self: _____ Spouse: _____

Parish: _____ City: _____

Number of Children (if any): _____ If Convert, date of Conversion: _____

Education: _____ Occupation _____

Although Cursillo is primarily a religious experience, it is very physically and emotionally demanding also.

- a) If you are on any medication which affects the brain, or undergoing intensive counseling, please check yes or no so that our Spiritual Directors are aware of your special needs. Yes No
- b) If you have any medical problems, such as diabetes, pregnancy, disability, arthritis, or special dietary requirements, please check yes or no so that our Spiritual Directors are aware of your special needs. Yes No

Please specify _____

- c) Cots are provided for all candidates, **do you need a special bed and mattress?** yes no

In what way do you participate in parish, diocesan or community activities (list specifically):

Has the Cursillo Movement been explained to your satisfaction? _____

Do you play a musical instrument? Yes No If yes, which one? _____

Do you require a special diet? Yes No Explain _____

Sponsor: Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: (home) _____ (office) _____ (cell phone) _____

(Signature of Applicant) _____ (Date) _____

Please give this application to your sponsor for processing to the Diocesan Movement. Thank you.

CURSILLO – Letter of Recommendation

Return to: Diocese of Erie Cursillo Movement
429 East Grandview, Boulevard
P.O. Box 10397
Erie, PA 16514-0397

Phone #: (814) 824-1118

Name of Applicant: _____
(Please print or Type) (Last) (First) (Initial)

Address: _____ City, State, Zip _____

Length of time you have known applicant: _____

Has he/she ever undergone psychological or psychiatric counseling or Therapy? Yes No

Is he/she extremely nervous? Yes No

Does he/she have an active alcohol problem? Yes No

Is he/she in average physical health? Yes No

Does he/she **need a special bed**? Yes No

Has he/she led (not merely participated in) discussion groups? Yes No

Is he/she: Very talkative? Talkative? Quiet? Very quiet?

Will he/she follow through in the apostolate? Yes No

If a woman, has her husband made a Cursillo? Yes No Which one? _____

Will her husband be at the closing? Yes No

What is his/her disposition to the Cursillo? _____

What does he/she look for from the Cursillo? _____

Does he/she have any serious family problems? _____

Special problems? _____

IMPORTANT - SPONSOR'S DUTIES

- Please inform the office if your candidate accepts or declines to attend.
- Bring your candidate to the Cursillo
- Send palanca to your candidate (encourage others to support them with palanca)
- Keep in touch with your candidate's family during the Cursillo
- Attend the closing
- Take your candidate to the first Ultreya in your area after the Cursillo

(Sponsor's Signature) (Address) (City, State, Zip)

(Sponsor's Phone #)