

Diocese of Harrisburg Cursillo® Movement
CURSILLO TEAM APPLICATION

NAME: _____

ADDRESS: _____

PHONE: CELL: _____ HOME: _____

EMAIL: _____ DATE OF BIRTH: _____

SPOUSE/EMERGENCY CONTACT NAME: _____ CELL: _____

PARISH / MISSION: _____ CURSILLO WEEKEND NUMBER: _____

(Ex. M-100 or W-99)

Do you have any physical limitations which would require special attention or diet? Yes No

If yes, explain: (Health, Diet, Disabilities, Allergies, Limited Mobility, Sleep Issues, etc.)

SPECIAL QUALIFICATIONS:

Are you CPR certified? YES NO

Are you qualified to give medical assistance, if necessary? YES NO

Are you an Extraordinary Minister? YES NO

Are you able to serve as Cantor/a? YES NO

Which instrument (if any) do you play? _____

PREVIOUS TEAM EXPERIENCE:

Have you worked a previous Cursillo weekend? YES NO

Cursillo Numbers: _____

Positions Served: _____

Rollos Given: _____

YOUR FOURTH DAY ACTIVITIES

Are you regular in church attendance? YES NO

Are you regular in Ultreya attendance? Yes NO

Are you regularly meeting with a reunion group? YES NO

Are you living your Fourth Day for Christ? YES NO

(Please turn over and complete Page 2)

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Consent for Release of Personal Information: I consent do not consent to the release of the following specific personal and contact information to the Cursillo team and new Cursillistas attending the Three-Day Cursillo weekend: Name, Address, Telephone Number, E-mail Address, Parish, and Image in the Group Photo. I understand that the Secretariat and Cursillo team will not sell or transfer this information to any third party for their marketing use. I further understand that I can make a request to no longer be contacted by either electronic mail or telephone by notifying the sender, and I agree to honor the wishes of other Cursillistas who want to stop receiving communications from me.

The cost of the Cursillo Weekend is \$TBD.

I have answered all questions honestly and completely. I have prayed about the Cursillo and my application, and I wish to work on the Team.

Your Signature: _____ Date: _____

Return Application to: Cursillo Chair, Dave Marrazzo dmarrazzo33@yahoo.com

Donations: The Harrisburg Cursillo Movement depends on the generosity of donors to continue to operate. If you would like to make a charitable donation, you may do so by either: (1) paying a larger amount than the published cost of the weekend or by (2) making a PayPal or credit card payment at the Harrisburg Cursillo Movement Website <https://harrisburg-cursillo.weebly.com/>. Thank you in advance for your generosity.