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 regular in School of Leaders attendance?	□ 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.

NOTE: If the applicant fails to either "consent" or "not consent" to the release of information as set forth above, by default the applicant will be deemed to have explicitly consented to the release of the information specified.

The cost of the Cursillo Weekend varies according to 3-day Weekend site location as shown below:

❑ Saint Pius X Church, Selinsgrove, PA	$ 150
❑ Mariawald Renewal Center, Reading, PA	$ 200
❑ Christian Retreat Center, East Waterford, PA	$ 200

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 www.harrisburg-cursillo.org . Thank you in advance for your generosity.