

CURSILLO TEAM APPLICATION

DIOCESE OF SAVANNAH

CURSILLO # _____

DATE OF WEEKEND ____/____/____

NAME		EMAIL	
ADDRESS			
CITY	STATE	ZIP	
PHONE HOME	WORK PHONE	CELL PHONE	
DATE OF BIRTH & AGE	HEALTH PROBLEMS?		
DATE OF YOUR CURSILLO	YOUR CURSILLO NUMBER	DIOCESE	
PLAY ANY INSTRUMENT?			

PREVIOUS EXPERIENCE

NUMBER	YEAR	ASSIGNMENT	TALK GIVEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GROUPING REGULARLY? _____ WHERE & WHEN _____

ATTENDING ULTREYA? _____ WHERE & WHEN _____

LAST SCHOOL OF LEADERS ATTENDED _____

WHY ARE YOU VOLUNTEERING? _____

COMMENTS _____

I UNDERSTAND THAT I AM COMMITTING TO ATTEND AT LEAST THREE TEAM FORMATIONS AND TO BE PRESENT FOR THE ENTIRE WEEKEND.

SIGNATURE _____

TODAY'S DATE _____