

# CURSILLO TEAM APPLICATION

## Diocese of Savannah

CURSILLO # \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

AGE \_\_\_\_\_ HEALTH PROBLEM ? \_\_\_\_\_

MY CURSILLO DATE \_\_\_\_\_ NUMBER \_\_\_\_\_ DIOCESE \_\_\_\_\_

PLAY GUITAR ? \_\_\_\_\_ OTHER INSTRUMENT ? \_\_\_\_\_

**PREVIOUS EXPERIENCE:**

NUMBER	YEAR	ASSIGNMENT OR DUTIES	TALK PREPARED / GIVEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU GROUPING REGULARLY ? \_\_\_\_\_ WHERE & WHEN \_\_\_\_\_

ARE YOU ATTENDING ULTREA REGULARLY ? \_\_\_\_\_ WHERE & WHEN \_\_\_\_\_

LAST LEADERS' SCHOOL ATTENDED \_\_\_\_\_

WHY ARE YOU VOLUNTEERING ? \_\_\_\_\_

COMMENTS \_\_\_\_\_

**I understand that I am committing to attend all Team Formation meetings and to be present the entire weekend.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_