



Oakland Cursillo Community

Send Sponsor Form to:

Secretariat
Oakland Cursillo
PO Box 2841
Dublin, CA 94568
(925) 648-4890

SPONSOR FORM

PLEASE PRINT LEGIBLY AND INCLUDE EMAIL ADDRESS

YOUR NAME _____ NAME OF YOUR CANDIDATE _____

YOUR ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL: _____

Where do you attend church? _____ When and where did you make your weekend? _____

Are you active in a Group Reunion? _____ How long have you known this candidate? _____ Relationship _____

Why is this person an good candidate and why do you recommend him or her? _____

How have you planned to introduce your candidate to the Cursillo community? _____

Have you discussed medical, dietary and physical needs with your candidate? _____ What physical impairment or condition exists that may require special arrangements?
(Explain fully) _____

What was the date of the last sponsor's workshop you attended? _____ Do you have any questions regarding your responsibilities to this candidate?

_____ How will your candidate get to the Cursillo weekend? _____

I have informed this candidate about what to expect during and after the Cursillo weekend and s/he is willing to participate in the activities. I have made provisions for her/his introduction to their local Cursillo community. I will provide transportation to and from the Cursillo weekend, and will support her/his spouse and family during her/his absence. I have informed my applicant of the cost of the weekend. Please initial _____

CLERGY FORM

A Cursillo weekend involves individual reflection on the relationship between Christian faith and daily life. As a result, we want to be sensitive to on-going pastoral issues. How long have you known the candidate? _____ Is there anything happening in this person's life that would be helpful for the Spiritual Advisor(s) of the weekend to know about? _____

Is he/she active in the church? _____ Please explain: _____

Have you attended a Cursillo weekend? _____ Where? _____ When? _____ Worked a weekend? _____ Been a Spiritual Advisor? _____

Is there an active Cursillo community in your parish? _____ Does your parish have a Cursillo Rep? If so, please give us their name. _____
Do you recommend this candidate for a Cursillo Weekend? _____

Clergy name _____ (Please sign Applicant Form) Parish _____

Address _____ City _____ State _____ Zip code _____

Telephone number _____ FAX _____ Email Address _____

FOR PRE-CURSILLO WEEKEND COMMITTEE: Date Received: _____ Date Approved _____

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