

CURSILLO TEAM APPLICATION

Date Received: Office _____
Worked _____

NAME: _____

ADDRESS: _____

PHONE: (H) _____ - _____ (W) _____ - _____ (C) _____ - _____

E-MAIL: _____

PARISH or AFFILIATION: _____

CURSILLO MADE: # _____ When? _____

When would you like to serve on a Cursillo team? _____

Cursillo's Worked – (Positions and number): _____

YOU MUST FILL OUT A NEW APPLICATION EACH TIME TO SERVE ON A TEAM

Indicate preferences(s): _____ Warden _____ Auxiliary (6 week commitment after weekend)
_____ Professor _____ Troubadour _____ Chief Warden

Which talks have you given (if any)?

_____ Ideals _____ Layperson in the Church _____ Piety _____ Study _____ Action
_____ Leadership in Our Environment _____ Christian Community in Action _____ 4th Day

Do you or did you participate in a group reunion? Yes No How long? _____

Are you willing to work a Cursillo out of town? Yes No Will you give a talk? Yes No

Return this form to the Erie Cursillo office or give it to an officer or member of the Secretariat.

Erie Diocesan Cursillo Movement
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