



**The FILIPINO CURSILLO MOVEMENT of San Diego**  
**Diocese of San Diego, California**  
**CANDIDATE APPLICATION FORM**

Men's      Women's      Class Number: \_\_\_\_\_      Date: \_\_\_\_\_

Candidate Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZipCode: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education:    None    High School    College    Post Graduate

Name of Spouse: \_\_\_\_\_

Are you a practicing Roman Catholic?    Yes      No      If Yes, which Parish: \_\_\_\_\_

Marital Status:    Single      Married      Separated      Widowed      Divorced

Are you married in the Roman Catholic Church?    Yes      No

Place of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

***(Please attach a copy of your Roman Catholic marriage certificate to the application.)***

Are you a member of any organization NOT sanctioned by the Roman Catholic Church?    Yes      No

Do you attend Mass?    Yes      No      Receive Communion?    Yes      No      Go to Reconciliation?    Yes      No

Membership in Religious Organization(s): \_\_\_\_\_

Membership in Civic / Community Organization(s): \_\_\_\_\_

Reason for attending the Cursillo weekend: \_\_\_\_\_

Do you have food allergies or special diet needs?    Yes      No      *(If yes, please specify)* \_\_\_\_\_

Are you presently taking medication?    Yes      No      *(If yes, please list and specify for what.)*

Please inform us of your medical conditions  
 (high blood pressure, high cholesterol, diabetes, etc): \_\_\_\_\_

*(This is only to alert our Medical Officer during the Cursillo weekend. Failure to notify us of your medical condition may result in a delay in processing your application)*

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

*Disclaimer: The Filipino Cursillo Movement of San Diego is not responsible for any form of illness contracted, accident which may cause loss of life or any part of the body, or loss of damage to personal belongings during the three day weekend retreat.*

*The information requested is intended for the exclusive use of the Filipino Cursillo Movement and will not be used for any other purpose.*

\_\_\_\_\_  
 Signature of Candidate      Date

*Please make checks payable to:*  
**"Filipino Cursillo Movement of San Diego"**

**\*Non-refundable Registration Fee to be paid with this application: \$25.00      Check# \_\_\_\_\_      Cash**

**Balance to be paid on or before the Cursillo Weekend Class: \$75.00      Check# \_\_\_\_\_      Cash**



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Diocese of San Diego, California

**SPONSOR INFORMATION SHEET**

INSTRUCTIONS: The purpose of the Cursillo is to Christianize environments. It is therefore mandatory that utmost care be observed in the selection of new candidates. The form below is designed to assist as much as possible in this process. Answer all questions thoroughly, accurately, and in detail. Please type or print in ink.

Candidate: \_\_\_\_\_  
Last Name First Name

Sponsor's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish: \_\_\_\_\_ EMail: \_\_\_\_\_

Relationship of Sponsor with Candidate: \_\_\_\_\_

Why do you believe this candidate can be a potential Christian leader? Please explain in detail:

Candidate's Leadership Qualities:

Please comment on any problems the candidate may have (i.e. Moral, Emotional, Mental, Physical, Substance Abuse)

I understand the responsibilities of a sponsor and pledge that with the help of Christ, I will do my best to encourage my candidate to attend our Ultreyas and Group Reunion. I will deliver the candidate to and from the Cursillo house as required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Actively attending Group Reunion at: \_\_\_\_\_

**Note: Sponsor to ensure that the candidate has read the booklet "Cursillo, What is it?" & understands its contents.**

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RECOMMENDED FOR ADMISSION: \_\_\_\_\_  
(Signature of Parish Priest) (Date)

ENDORSEMENT OF DIOCESAN SECRETARIAT: \_\_\_\_\_  
(Signature of Spiritual Advisor) (Date)

Notes / Comments (Pre-Cursillo Use Only):