CURSILLO STAFF APPLICATION

NAME:		_ NICKNAN	ΛΕ:	
SPOUSE'S NAME:	OUSE'S NAME:NICKNAME:			
ADDRESS:				
PHONE: HOME	CELL	W	ORK	
EMAIL:	ALTERNATE EMAIL:			
HOME PARISH/MISSION:				
BIRTHDATE:	CURSILLO # YOU ATTENDED AS A PILGRIM:			
SPECIAL QUALIFICATIONS ARE YOU CPR CERTIFIED? ARE YOU QUALIFIED TO GIVE MEDICAL ASSISTANCE, IF NECESSARY? ARE YOU ABLE TO SERVE AS MUSIC DIRECTOR? WHICH INSTRUMENT (IF ANY) DO YOU PLAY? ARE YOU ABLE TO SERVE AS ALTAR GUILD?			YES YES YES	
YOUR 4 TH DAY ACTIVITIES ARE YOU REGUALR IN CHURCH ATTENDANCE? ARE YOU REGULAR IN ULTREYA ATTENDANCE? ARE YOU REGULARY MEETING WITH A REUNION GROUP? ARE YOU OBSERVING YOUR RULE OF LIFE?			YES YES YES YES	NO NO NO
CURSILLO #	POSITION SERVED		ROLLO GIVEN	

YOUR SIGNATURE	DATE:			

GENERAL INFORMATION

1. EACH CURSILLISTA WANTING TO SERVE ON STAFF MUST FILL OUT AN APPLICATION.

YOUR PRIEST'S SIGNATURE _____

2. THIS APPLICATION WILL BE EFFECTIVE FOR THREE YEARS.

MAIL APPLICATION TO:
THE CURSILLO MOVEMENT
C/O Sandra Edwards
2112 N Rose Park Ave
Sulphur, LA 70663

OR EMAIL TO:

nuts4garfield@gmail.com