

TEAM APPLICATION - CURSILLOS IN THE UPPER PENINSULA
DIOCESE OF MARQUETTE, MICHIGAN

TEAM APPLICANTS

Please complete the first page of this form and return it to your Servant/Leader representative. Thank you for being willing to share your time and witness with your fellow brothers and sisters in Christ!

Please remember that an application cannot guarantee you a place on a team. Rectors are required to compose teams with Cursillistas drawn from Ultreyas all across the Upper Peninsula. They also must try to balance their teams with Cursillistas of various levels of team experience - approximately 1/3 first timers, 1/3 with several years team experience, and 1/3 with more than 5 years team experience. Team members are expected to be living out their 4th Day using the tools of the Cursillo Method. This is necessary in order to be authentic and effective witnesses to candidates on a Cursillo Weekend.

SERVANT/LEADER REPRESENTATIVES

Please complete the second page and send the completed form to:

Lisa Nelson, Cursillo Applications Manager, 852 East G Street, Iron Mountain, Michigan 49801

Lisa will forward all team applications to the rectors.

This section to be completed by Team Applicant

I am applying to be on the following Cursillo Team: _____ / _____
(ex: Men's Non-Roman Cursillo, or Women's Roman Cursillo)/(Year)

Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email address _____

Parish Name _____ City _____

Priest/Pastor name _____ Phone number _____

I attended Cursillo: _____ Roman _____ Non-Roman Date _____

Place and/or city you attended your Cursillo _____

My Past Team Experience (Check all that apply)

_____ First Time On Team _____ Rector _____ Co-Rector _____ Music
_____ Head Cha Cha _____ Cha Cha _____ Palanca _____ Laity
_____ Piety _____ Study _____ Action _____ Leaders
_____ Study of Environment _____ Christianity in Action

I am living my 4th Day commitment by:

_____ Attending Church Weekly _____ Grouping Weekly _____ Attending Ultreya Regularly

Comments: _____

Date of application _____ Signature of Applicant _____

This section to be completed by SERVANT/LEADER representative

I have reviewed this application and approve this applicant for team consideration. _____ YES _____ NO

Comments:

(Signature of S/L Representative)

(Date signed and Ultreya Name)

This section for RECTOR'S use

Date contacted _____

_____ Able to serve _____ Unable to serve

Notes: