



Oakland Diocese Cursillo Community

CANDIDATE APPLICATION

Send **Signed Form** to: **Secretariat Oakland Cursillo**

P.O.Box 2841, Dublin, CA 94568 *and email*

RegistrarOakland@yahoo.com Denise Jin (510) 541-6205

PLEASE PRINT LEGIBLY AND INCLUDE EMAIL ADDRESS

The Cursillo community is dedicated to the proposition that a deep spiritual life in union with God is possible for lay Christians. It aims to help lay Christians experience that life by connecting with a spiritual community and following a program of spiritual and educational practices. The Cursillo weekend consists of sacramental liturgies, prayer and meditations, as well as lectures and small group discussions.

The Cursillo community encourages commitment to Christ. Baptized Christians looking to grow closer to Christ may apply. Applicants typically will be over the age of 25 (although persons under this age are considered carefully), and should not be involved in serious personal, marital or family problems.

The Cursillo community of Oakland was founded by Roman Catholics and primarily draws from that denomination. Applicants from other Christian communities are welcome to apply, but all applicants should be willing to participate in all of the spiritual and educational practices, and understand that they will be asked to contribute their own faith experiences and insights to the discussions.

Men and women's Cursillo weekends are typically scheduled close together to encourage married couples to share this experience. Married applicants should submit their application forms together, if possible.

DATE: _____ APPLICANT NAME: _____ Preferred Name _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ YEAR OF BIRTH: _____

RELIGIOUS DENOMINATION: _____ BAPTIZED: Yes ___ No ___

PARISH or CHURCH NAME: _____ CITY: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ *How long?* _____

ALLERGIES (Food, Flowers Perfumes, etc.): _____

MEDICAL & DIETARY NEEDS: _____

What is your Church/Community involvement?: _____

(If applicable) **IS YOUR SPOUSE PLANNING TO MAKE A CURSILLO WEEKEND?** Yes ___ No ___

What attracts you to make a Cursillo weekend? _____

EMERGENCY CONTACT: _____ EMERGENCY NUMBER: _____

Signature of Applicant

Signature of Sponsor

Signature of Clergy

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