

CURSILLO TEAM APPLICATION

Diocese of Savanna

CURSILLO # _____ DATE _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE: HOME _____ WORK _____
 AGE _____ HEALTH PROBLEM ? _____
 MY CURSILLO DATE _____ NUMBER _____ DIOCESE _____
 PLAY GUITAR ? _____ OTHER INSTRUMENT ? _____

PREVIOUS EXPERIENCE:

NUMBER	YEAR	ASSIGNMENT OR DUTIES	TALK PREPARED / GIVEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU GROUPING REGULARLY ? _____ WHERE & WHEN _____
 ARE YOU ATTENDING ULTREA REGULARLY ? _____ WHERE & WHEN _____
 LAST LEADERS' SCHOOL ATTENDED _____
 WHY ARE YOU VOLUNTEERING ? _____
 COMMENTS _____

I understand that I am committing to attend all Team Formation meetings and to be present the entire weekend.

SIGNATURE _____ DATE _____

Send completed form to: Michael Carstensen 4570 Oxford Dr. Evans, Ga 30809 (706) 210-3624
Fax: (706) 210-3624