



DIOCESE OF CHARLESTON, SOUTH CAROLINA

Computer Fillable Form. Or, please print in a clear and easy-to-read manner.

APPLICATION TO BE ON TEAM				
CURSILLO #:		DATE OF CURSILLO WEEKEND:		
NAME:			PREFERED NAME:	
PARISH:			OCCUPATION:	
HOME ADDRESS:			CITY:	
STATE:		ZIP CODE:		BIRTH DATE:
EMAIL ADDRESS (PLEASE PRINT):				
CELL NUMBER:			PHONE NUMBER:	
WHEN/WHERE I LIVED MY CURSILLO:	WEEKEND#:		DATE OF WEEKEND:	
DIOCESE:			LOCATION:	
LIST ANY INSTRUMENT/MUSICAL TALENT:				
EMERGENCY CONTACT				
Name:				
Relationship:			Phone number:	
Health problems, dietary restrictions, or allergies:				
PREVIOUS CURSILLO TEAM EXPERIENCE				
CURSILLO #	YEAR	ASSIGNMENT	ASSIGNED ROLLO	BACK UP OR PRIMARY
Any additional Cursillo Team Experiences may be submitted on the attached sheet.				
SIGNATURES				
	Yes	No		
Are you grouping?			Where & When?	
Attending SOL?			Where & When?	
Attending Ultreya?			Where & When?	
Reason for Volunteering on Team?				
<p><i>Individuals volunteering to be on team understand that all team meetings are vital for a weekend to run smoothly and by signing below are agreeing to be at every team meeting. Individuals volunteering to be on team also understand that submitting a team application does not guarantee automatic acceptance to be on team.</i></p> <p><i>A person selected to be on team will be contacted by the Rector(a)/ Assistance Rector(a).</i></p>				
SIGNATURE:				
Revised: 06.07.2025	Team Applicant: Please submit this to Rector or Rectora			

