CURSILLO SPONSOR/PASTOR APPROVAL FORM – DIOCESE OF LANSING, MI.

CANDIDATE'S
NAME ______________________________

SPONSOR'S NAME ______________________________

ADDRESS ______________________________

HOME PHONE ____________________ CELL PHONE ____________________

EMAIL ______________________________

WHERE AND WHEN DID YOU MAKE YOUR CURSILLO ______________________________

WILL YOUR CANDIDATE BE JOINING YOU IN A GROUP REUNION? YES NO

IF NOT, DO YOU HAVE SUGGESTIONS FOR A GROUP REUNION FOR YOUR CANDIDATE? ____________________

WHAT CENTER LOCATION WILL YOUR CANDIDATE BE JOINING? ____________________

WILL YOUR CANDIDATE MAKE A GOOD TABLE LEADER ___ SECRETARY _____ NEITHER _____

IS YOUR CANDIDATE QUIET OR OUTGOING? ______________________________

WHAT ARE YOUR CANDIDATE"S SPECIFIC LEADERSHIP QUALITIES? ____________________

IF APPLICABLE, IS THE SPOUSE WILLING TO MAKE A WEEKEND? ____________________

IS YOUR CANDIDATE ABLE TO PARTICIPATE IN THE SACRAMENTS? ____________________

HOW LONG HAVE YOU KNOWN YOUR CANDIDATE? ______________________________

HAS THE CANDIDATE EXPERIENCED A DEATH OF A LOVED ONE OR OTHER CRISIS IN THE PAST YEAR? ______________________________

ARE YOU AWARE OF ANY PHYSICAL, PSYCHOLOGICAL, EMOTIONAL PROBLEMS THE CANDIDATE MAY HAVE? ______________________________

SPONSOR'S SIGNATURE ______________________________ DATE ____________

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CANDIDATE'S PASTOR'S NAME: ______________________________

PARISH ____________________ PHONE NUMBER: ____________________

ADDRESS: ______________________________ EMAIL ____________

CITY: ____________________ STATE: ____________ ZIP: ____________

DO YOU RECOMMEND THIS PERSON FOR A CURSILLO WEEKEND? ____________________

PASTOR'S SIGNATURE: ______________________________ DATE ____________