

# CUM CHRISTO WEEKEND APPLICATION

CUM CHRISTO IS A LAY CATHOLIC MOVEMENT IN THE DIOCESE OF COLUMBUS

The Mission of Cum Christo is to bring Christians together in an ecumenical environment to strengthen their relationship with Jesus Christ and to motivate them to grow their piety, study and action through a weekend experience followed by periodic small group interaction.

## (Please Print) TO BE COMPLETED BY THE CANDIDATE (Please Print)

Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Last First MI

Preferred name for name tag: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Engaged

Church where you worship: \_\_\_\_\_ Religious denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Are you baptized? \_\_\_\_\_ Year: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

Has your sponsor explained the mission and method of Cum Christo? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your sponsor explained the content and format of the weekend? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your sponsor explained the weekend schedule, dorm-style sleeping, and eating arrangements? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your sponsor explained the cloistered environment (no cell phones, radios, music players)? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your sponsor explained the post-weekend activities including Group Reunion and Ultreya? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your sponsor advised you that there is no inter-communion permitted on the weekend? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Any medically-required dietary needs? \_\_\_\_\_

Any physical limitations or requirements? \_\_\_\_\_

Why do you want to make a Cum Christo Weekend? \_\_\_\_\_

\_\_\_\_\_

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## (Please Print) TO BE COMPLETED BY THE CANDIDATE'S SPOUSE (Please Print)

Candidate's name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Have you made a Cum Christo or similar Weekend? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

If not, are you also submitting an application for a Cum Christo Weekend? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

Are you supportive of your spouse's participation in Cum Christo? Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications for the Men's 161st (September 21-24) and Women's 157th (October 19-21) weekends are now being accepted. Please submit a check in the amount of \$150 to Cum Christo with your completed application to the address on page 3. If you need help with the fee, please send a check for what you can afford along with a note signed by you, requesting a scholarship for the balance for consideration by the Lay Director.**

CANDIDATE'S NAME: \_\_\_\_\_

**(Please Print) PASTOR RECOMMENDATION (Please Print)**

DEAR PASTOR:

As part of this application, we seek your recommendation as to the suitability of this candidate for Cum Christo. That is, can this candidate become a leader for Christ? Cum Christo is intended to strengthen a candidate's faith in Jesus Christ, to cause them to lead others to Christ and to send them back to their parishes and churches to work with you for Christ. We ordinarily only accept candidates whose pastor can recommend them in this regard. If warranted, we may contact you by telephone with respect to this application. (Note: Clergy are encouraged to attend Cum Christo weekends or a Weekend Orientation to gain a first hand perspective of the mission and method of the movement.)

TO BE COMPLETED BY PASTOR AFTER READING THE ABOVE

Pastor's name: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known this candidate? \_\_\_\_\_

\_\_\_\_ I recommend this candidate. \_\_\_\_ I do not recommend. \_\_\_\_ I don't know candidate well enough to recommend.

Comments: \_\_\_\_\_

Pastor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If a priest or minister other than the candidate's pastor signs the application, please give reasons:

\_\_\_\_\_  
\_\_\_\_\_

CUM CHRISTO WEEKEND APPLICATION  
c/o Patti Olson  
3668 Gilligans Drive  
Columbus OH 43221

CANDIDATE'S NAME: \_\_\_\_\_

**(Please Print) TO BE COMPLETED BY THE SPONSOR (Please Print)**

Sponsor's name \_\_\_\_\_ Weekend # \_\_\_\_\_ Month & year: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Are you grouping? \_\_\_\_\_ How long have you known this candidate? \_\_\_\_\_

How do you know this candidate? \_\_\_\_\_

Why do you believe that this candidate should make a Cum Christo Weekend? \_\_\_\_\_

Are you aware of any emotional or spiritual problems that might affect the candidate's full participation in the Weekend or affect the participation of others? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Explain if you answered "uncertain" or "yes": \_\_\_\_\_

Is there any reason why this candidate should **not** be a table leader or table secretary? Please Explain: \_\_\_\_\_

Did you inform the candidate of the mission and method of Cum Christo? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you explain the content and format of the weekend? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you explain Fourth Day activities, including Group Reunion and Ultreya? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you inform the candidate that there is no inter-communion? Yes \_\_\_\_\_ No \_\_\_\_\_

If your candidate is married, have you also discussed Cum Christo with the candidate's spouse, and invited him/her to make a Weekend? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pledge to provide transportation to and from the weekend, provide general palanca for the weekend, and personal palanca for your candidate? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pledge to personally introduce your candidate to Group Reunion and Ultreya? Yes \_\_\_\_\_ No \_\_\_\_\_

***I recommend this applicant for acceptance as a candidate on a Cum Christo Weekend and accept all the sponsor responsibilities.***

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSOR:** Make certain that the complete package is mailed to the Application Processor.

Mail the completed application, check and special requests to:

CUM CHRISTO WEEKEND APPLICATION  
c/o Patti Olson  
3668 Gilligans Drive  
Columbus OH 43221