

COLUMBUS CUM CHRISTO CANDIDATE APPLICATION

UNDER THE AUSPICES OF THE BISHOP OF THE DIOCESE OF COLUMBUS

The Mission of Cum Christo is to bring Christians together in an ecumenical environment to renew their relationship with Jesus Christ and to motivate them to grow as disciples of Jesus in their churches, their everyday life, and other places where God leads them.

(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: _____

We ask that a non-refundable \$25 deposit accompany this application. Actual costs for food and supplies amount to \$100 per person. Each participant is invited during the weekend to make a contribution according to your means. Please do not let this donation keep you from attending a Cum Christo Weekend.

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 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:

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 _____

Do you pledge to join other sponsors in the pre-and post-weekend clean-up of the Cum Christo Center on the Monday evenings preceding and following the weekend? 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: _____

Mail the Completed Application and \$25 Deposit to:

CUM CHRISTO WEEKEND APPLICATION
C/O BOB & LISA HESS
5852 TIMBER TOP DRIVE
HILLIARD OH 43026