

DECOLORES MINISTRIES, INC.

MD-SEM CANDIDATE APPLICATION

Reinforcing individual commitment to Christ through Piety, Study, and Action
www.decolores-sem.org

CONFIDENTIAL

Those planning to attend should be 19 years or older. The DeColores Ministries is open to all.

Please print clearly and fill all blanks.

Name _____ Prefer to be called _____

Address _____ City _____ State/Zip _____

Primary Phone: (_____) _____ - _____ Secondary Phone: (_____) _____ - _____

E-Mail Address: _____ Occupation _____

Marital Status: Single Married Divorced Widowed Separated Sex: M F

Spouse's Name _____ Number of children _____ Do you smoke? Yes No

Church and denomination you belong to _____ Are you baptized? _____

Church/Community Organizations _____

Please answer the following questions:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the DeColores Weekend been explained to you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the follow-up program of group reunion been explained to you? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are married, has your spouse been on a Weekend? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you on a special diet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you on any special medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any health problems or physical handicaps which will require special facilities or equipment? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you give permission for your name, address, telephone number, and email address to be shared with the DeColores community for the purpose of contacting you about future events, weekends, teams, and the newsletter? |

Please give a brief reason why you wish to attend a DeColores weekend _____

I expressly waive all claims against the DeColores Ministries Movement, or their representatives, in case of any accident, injury, illness, or other damage that may occur in connection with, or incident, to my attendance.

Applicant's Signature _____

Sponsor's Name _____

You will be notified by your sponsor in advance of the particular DeColores weekend for which you are scheduled. Upon completion of this form, please return it to your sponsor along with a \$25.00 NON- REFUNDABLE application fee which will be applied to the total due for the weekend. Note that the non-refundable application fee may be applied to a future weekend for up to a year from initial application submission. The balance of payment is due on Thursday evening at registration. Checks should be made payable to DECOLORES MINISTRIES, INC.

SPONSORS: Please complete the sponsor's sheet and send both sheets to: DeColores Ministries, Inc.
Attn: Pre DeColores P.O. Box 1846 Royal Oak, Michigan 48068-1846.

SPONSOR'S RECOMMENDATION

Sponsor must have made a DeColores or Cursillo Weekend

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Candidate's Name _____ E-Mail Address: _____

Address _____ City _____ State/Zip _____

Primary Phone: _(_____) _____ - _____ Secondary Phone: _(_____) _____ - _____

Check the qualities that best describe your candidate:

Shy Outgoing Quiet Talkative Leader Follower

Please answer the following questions:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently active in a reunion/sharing group? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently receiving the newsletter? |
| <input type="checkbox"/> | <input type="checkbox"/> | May we add you to the database for future mailings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you actively involved in helping with weekends – serving meals, palanca, 24 hour prayer, Holy Hour, Walk-in and closing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you explained the group reunion and ultreya to this candidate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know this candidate well enough to fulfill your role as a sponsor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you see that your candidate gets to the follow-up meetings? |

What are your reasons for recommending this candidate? _____

To your knowledge does this candidate have any physical or emotional problems, or other issues, which would affect participation on a DeColores weekend? _____

As a sponsor assume the following responsibilities. PLEASE:

1. Bring the candidate on Thursday night and pick them up on Sunday night.
2. Assure your candidate has eaten before Thursday night arrival.
3. Pray for the candidate.
4. Attend the Sponsor's commissioning on Thursday night.
5. See that the candidate has the opportunity to attend Ultreya, Community or Permanent Group Reunion.
6. Explain the cost of the weekend. A \$25 NON-REFUNDABLE application fee is due when the candidate application is submitted. The balance is due on Thursday night at registration.
7. Be responsible for any special dietary requirements.
8. Bring no less than 5 pieces of Palanca on Thursday. (Rely on Communities, Ultreyas, Family or Friends to help.)

I am aware of the responsibilities of sponsoring a candidate. I will support this candidate before, during, and after the weekend, including 4th Day Activities.

(PLEASE PRINT) Sponsor's Name _____

Address _____ City/State/Zip _____ / _____ / _____

Primary Phone: _(_____) _____ - _____ Secondary Phone: _(_____) _____ - _____

Email Address: _____

Signature of Sponsor _____

3/09

Your candidate is not confirmed for any particular weekend until a Pre-Decolores member notifies you.

