

PASEO TEAM APPLICATION

Last Name _____ First Name _____ Prefers to be called _____

Address _____ Phone _____ Gender _____

City _____ State ____ Zip _____ Age ____ Birth date _____.

E-mail _____

Marital Status _____ If married, does your spouse support your A4D work? _____

Parish _____ City _____ Anglican? _____

Baptized __ Confirmed __ Communicant __ Lay person __ Bishop __ Priest __ Deacon __

Place of Work _____

Job Title _____ Work phone _____

Training: Describe any A4D/Paseo/Walk to Emmaus/Cursillo Team training you have completed.

Experience: What is your work experience in these movements?

None __ Rector / a __ Core Team __ Table Leader __ Palanca __

Rollista __ Sacristan __ Kitchen/Food __ Servant Community __ Music __

Rollos given? _____

Most recent Weekend Teams: When _____ Where _____

Do you attend: Weekly Reunion Group? Yes __ No __ Ultreya? Yes __ No __

Music: Would you be interested in being on the music team? __ Yes __ No

Financial: Will you pay the cost of the weekend for yourself? __ Yes __ No __ Scholarship needed __

Special Needs: Food allergies? Special diet? Regular medication or chronic medical needs the Rector(a) should know?

Yes __ No __ Details _____

Emergency Contact: Name _____ Phone _____

Applicant's Signature _____ **Date** _____

Clergy Recommendation

Clergy Name Printed _____

Clergy Signature _____ **Date** _____