



INDIAN RIVER VIA DE CRISTO CANDIDATE APPLICATION

PRINT LEGIBLY AND COMPLETE ENTIRE FORM (FRONT & THE SLEEPING ARRANGEMENTS/SIGNATURE BLOCKS ON THE BACK)

MR./MRS./MISS	LAST:	FIRST:	MI:
HOME PHONE: ()		WORK PHONE: ()	
ADDRESS:	STREET:		
	CITY:		ZIP CODE:
OCCUPATION:			
E-MAIL ADDRESS:			
MARITAL STATUS: (CIRCLE) SINGLE WIDOWED MARRIED DIVORCED SEPARATED			
BIRTH DATE: (MO/DAY/YR)		BAPTIZED?: YES / NO	# OF CHILDREN:
SPOUSE'S NAME:		FIRST NAME AS YOU WOULD LIKE IT TO APPEAR ON NAME TAG:	
SPOUSE'S WORK PHONE: ()			
CHURCH:			
PASTOR:		PHONE #: ()	
<i>LIST CHURCH/CIVIC ORGANIZATIONAL OFFICES HELD AND CURRENT CHURCH ACTIVITIES:</i>			
CHURCH ACTIVITIES/MINISTRIES			
CIVIC ORGANIZATIONS			

AFFIRMATION: I BELIEVE IN GOD, THE FATHER, WHO CREATED ALL THINGS AND SUSTAINS ALL CREATION BY HIS ABIDING PRESENCE, LOVE AND CARE. I BELIEVE IN JESUS CHRIST, THE ONLY BEGOTTEN SON OF GOD, WHO WAS BORN OF THE VIRGIN MARY. THROUGH HIS DEATH AND RESURRECTION, HE REDEEMED ME AND FORGAVE ME, A SINNER. BY HIS ATONING DEATH ON THE CROSS, HE HAS GIVEN ME ETERNAL LIFE. I BELIEVE IN THE HOLY SPIRIT, WHO CALLS ME TO BE A PART OF CHRIST'S CHURCH. BY HIS GIFT OF FAITH, I AM ABLE TO ACCEPT JESUS CHRIST AS MY LORD AND SAVIOR.

PHYSICAL REQUIREMENTS OF THE VIA DE CRISTO WEEKEND/SPECIAL NEEDS OF THE CANDIDATE
<p>THE CRISTO WEEKEND IS AN INTENSE THREE-DAY RELIGIOUS EXPERIENCE WHICH USES MODERN GROUP TECHNIQUES TO BRING THE CANDIDATE INTO A RENEWED RELATIONSHIP WITH FELLOW CHRISTIANS, THE CHURCH, AND CHRIST. IT CAN BE PHYSICALLY AND EMOTIONALLY TIRING. IF YOU HAVE A PHYSICAL INFIRMITY OR AN EMOTIONAL PROBLEM FOR WHICH YOU ARE NOW UNDERGOING OR HAVE HAD TREATMENT, THE CRISTO WEEKEND MAY NOT BE FOR YOU. PLEASE CONSIDER THIS CAREFULLY BEFORE SUBMITTING YOUR APPLICATION. DISCUSS THIS WITH YOUR SPONSOR. IF YOU FIND THAT YOU CANNOT ATTEND THE WEEKEND FOR WHICH YOU HAVE MADE APPLICATION, PLEASE ADVISE YOUR SPONSOR AS SOON AS POSSIBLE.</p>

LIST ALL YOUR SPECIAL NEEDS (IF ANY):	
DIETARY:	
MEDICAL:	
HOSPITAL PREFERENCE:	DO YOU SMOKE? (CIRCLE): YES NO
IN CASE OF AN EMERGENCY, PLEASE NOTIFY:	PHONE: ()
PHYSICIAN'S NAME:	PHONE: ()

CANDIDATE AND SPONSOR, PLEASE ENSURE ALL SIGNATURES ARE PRESENT.

SLEEPING ARRANGEMENTS: CANDIDATES NORMALLY SLEEP ON A MATTRESS ON THE FLOOR; HOWEVER, ARRANGEMENTS CAN BE MADE FOR A ROLL-A-WAY BED. DO YOU REQUIRE A BED? (CIRCLE): YES NO (A \$15 DONATION TO HELP DEFRAY THE COST OF THE BED WOULD BE APPRECIATED).

CANDIDATE'S SIGNATURE:		DATE:
PASTOR'S SIGNATURE:		DATE:
SPONSOR'S SIGNATURE:		DATE:

TO BE COMPLETED BY THE SPONSOR

SPONSOR INFORMATION		
MR./MRS./MISS	LAST:	FIRST:
HOME PHONE: ()		WORK PHONE: : ()
ADDRESS:	STREET:	
	CITY:	ZIP CODE:
SPOUSE'S NAME:		CRISTO WEEKEND ATTENDED:
E-MAIL ADDRESS:		

TO BE COMPLETED BY PRE-CRISTO

PRE-CRISTO CHECK-OFF TABLE		
APPLICATION RECEIVED:	DATE:	COMMENTS:
CANDIDATE LETTER SENT:	DATE:	COMMENTS:
SPONSOR LETTER SENT:	DATE:	COMMENTS:
CONFIRMATION RECEIVED:	DATE:	COMMENTS:

Donation: During the Cristo weekend, you will be given the opportunity to help defray costs. Expenses incurred are covered by a contribution of \$85.00, though anything more is greatly appreciated. Indian River Via De Cristo Center, Inc., is recognized as a tax exempt, non-profit organization.

PLEASE RETURN APPLICATION TO YOUR SPONSOR *A.S.A.P.

Pre-Cristo: Bill and Patti Hammett
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***A.S.A.P. (ALWAYS SAY A PRAYER)**