

Lighthouse Via de Cristo Candidate Application

Instructions for Sponsors

- 1. Provide your proposed candidate with the candidate application sheet with their information 1 page only.
- 2. Do not give them the sponsor sign off sheet.
- 3. They can complete the form by .pdf form filling, or print it out and hand write the information in.
- 4. If they form fill, they still need to print it out and have their pastor sign it. Once signed by the pastor, they can give it back to you, emails are fine as long as they are legible.
- 5. You as a sponsor must complete and sign the 2nd page, the sponsor sign off sheet.
- 6. Please speak to your candidate about any special diet or medical needs. This is important. (Diabetes, allergies, any food issues or mobility issues...)
- 7. With both forms complete, you can either
 - email the forms to : <u>Lighthouseprecristo@gmail.com</u>
 - mail the forms to:

Mike & Lisa Engel,

2417 Willow Oak Drive, Edgewater, FL 32141

- text forms to: 386-795-7498
- Submit the hard copy of forms to your Rector/Rectora or Head Cha at a team meeting.

The hard copies still need to be handed in regardless of the way they were sent to Pre-Cristo.

- 8. Payment of the \$100.00 weekend fee must accompany the application for it to be considered complete. If you emailed/texted the application, you turn in the fee in a labeled envelope at your team meeting with Candidates Name as well as yours as sponsor.
 - You may pay cash, check, through tithely, or Zelle. Zelle to treasurer@lighthouseviadecristo.com



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Please complete entire form and have your pastor sign it. Then return it to the person who gave it to you. Name: ______ Spouse :_____ Name you prefer: _____ Spouse's Phone:____ Your Phone: _____ Your Email: _____ Address:_____ T-Shirt Size:_____ City:______ State:_____ Zip:_____ Birth Date:______Occupation:____ Emergency contact other than spouse:_____ phone: _____ Single O Married O Divorced O Widowed () Number of Children:_____ Present Church Attending:_____ Church Address:_____ City:_____ State:____ Zip:____ List church or civic responsibilities:_____ Hobbies: IMPORTANT: Please note any medical needs or dietary restrictions (special diet/allergies) you may require during the weekend: Candidate's Signature:________Date:______ ******************************* Pastor's Approval: Pastor's Name:______Phone:_____

Pastor's Signature:_____ email:_____



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Sponsor to Complete and Sign:

Please complete and turn in with the candidate application to Pre Cristo. We cannot process candidate application unless this is completed and turned in with payment.

Candidate's Name:	
Sponsor's Name:	Weekend attended:
Primary Phone:	Email:
Church Attending:	
How do you know your candidate?	
of the bounds of marriage.	relationship wherein they are cohabiting outside n has been in recovery for at least a year and has ear,
Sponsor's Signature:	Date:

To submit completed application: Email to: <u>Lighthouseprecristo@gmail.com</u> OR

Take a picture and text it to 386-795-7498