



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 : Lighthouseprecristo@gmail.com
 - mail the forms to:
Scott and Cara Webb,
7777 N Wickham Rd Ste 12 #215 Melbourne, FL 32940
 - text forms to: 561-699-8722
 - 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 tithe.ly, 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 ☐ Married ☐ Divorced ☐ 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? _____

What are some interesting things you can tell us about your candidate? _____

Do you as sponsor agree to: (please initial)

1. Fully explain the Cristo program to your candidate? _____
2. Ask candidate about medical or dietary restrictions for the weekend? _____
3. Accept responsibility for transportation and palanca for your candidate? _____
4. Assist and encourage your candidate to actively participate in grouping? _____
5. Encourage your candidate to attend Ultreya? _____

The guidelines for participation in a Lighthouse Via de Cristo weekend are designed to insure the fullness of the weekend for all participants. Therefore, it is important that the sponsor help us to work towards that goal by attesting that:

1. The candidate is attending church and has professed to be a Christian.
2. The candidate is not involved in an intimate relationship wherein they are cohabiting outside of the bounds of marriage.
3. The candidate if in recovery from addiction has been in recovery for at least a year and has not been in an institution within the past year,
4. The candidate has not been incarcerated within the past year.

Sponsor's Signature: _____ Date: _____

To submit completed application: Email to: Lighthouseprecristo@gmail.com OR

Take a picture and text it to 561-699-8722

Then Mail Original to: Scott and Cara Webb 3784 Longleaf Drive Melbourne, FL 32940 or submit to your Rector/
Rectora or Head Cha at team meeting.