**For Office Use Only**

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted: \_\_\_\_\_\_\_\_\_ Not Accepted: \_\_\_\_\_\_ Class Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Covenant \_\_\_\_\_\_ Media Release \_\_\_\_\_\_\_\_\_\_ ID \_\_\_\_\_\_\_\_\_\_\_\_

Demographic Information \_\_\_\_\_\_ Covenant and Media Release \_\_\_\_\_\_\_\_\_\_

Parking Pass \_\_\_\_\_\_\_\_\_\_ Transportation Needed \_\_\_\_\_\_\_\_\_ Child Care Needed \_\_\_\_\_\_\_\_\_\_\_

Counseling Needed\_\_\_\_\_\_\_\_\_\_ BGC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skills Test \_\_\_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Logged into Access\_\_\_\_\_ Tyler \_\_\_\_\_\_\_\_ Lindale \_\_\_\_\_\_\_\_\_\_\_\_\_

**CHRISTIAN WOMEN’S JOB CORPS**

**Participant Application**

Thank you for your interest in wanting to further your education at CWJC. **Please be advised: it is standard practice for all students to provide 2 forms of ID to be work ready. (Copy of TDL, passport, or Texas ID)**

**Information**

How did you hear about CWJC? \_\_\_Friend; \_\_\_ Family; \_\_\_Newspaper; \_\_\_TV; \_\_\_Flyer; \_\_\_Job Resource/ employment agency; \_\_\_Church; \_\_\_\_\_ Billboard; \_\_\_\_\_ Sign; Other resource\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeking employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you prefer daytime classes? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Do you prefer evening classes? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Will you need childcare assistance (if available)? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Will you need transportation assistance (if available)? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Will you need counseling assistance (if available)? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Were you referred by ETCC? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Were you referred by Salvation Army? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Were you referred by another agency? If so, which one \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |

**Personal Information (please print clearly):**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your nationality?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you go to church? \_\_\_\_ Yes \_\_\_\_\_ No

Are you: \_\_\_Single \_\_\_Separated/divorced \_\_\_ Married \_\_\_Widowed

Please list every person that lives in the house where you live. If there are more people in your house, please list them on the back.

Name Age Relationship to you

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

In case of an emergency, please contact:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What food allergies do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any medical diagnosis?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List medications you are taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

Please check the highest level completed:

\_\_\_\_\_Middle School \_\_\_\_\_ High School/GED \_\_\_\_ Associate \_\_\_\_Undergraduate \_\_\_\_\_ Graduate

Any certifications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_

What training programs or college have you attended? Date(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Experience:**

Are you looking for employment? \_\_\_Yes \_\_\_No; When and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to work part time? \_\_\_Yes \_\_\_ No; Are you able to work full time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have computer experience? \_\_\_ Yes \_\_\_ No Basic or more advanced (circle one)

Please list the last 3 jobs you’ve held: Dates worked

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income Support:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you currently work? If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Do you or your husband/partner receive SSI? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Is your husband/partner employed?Do you receive financial help from family?  | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Do you receive disability income? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Do you receive food stamps? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Do you receive child support? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Are you a ward of the state? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |
| Any other source of income? | \_\_\_\_\_ | Yes | \_\_\_\_\_ | No |

**Background Information (note that this information will not keep you from being enrolled at CWJC):**

Have you ever pled guilty to, been convicted of, or received probation, deferred adjudication or pretrial diversion for any criminal offense, other than minor traffic citations? \_\_\_\_\_ Yes \_\_\_\_\_ No. If “yes,” provide information on criminal offense, date, location, and disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently serving probation, deferred adjudication, or pretrial diversion for any criminal offense?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you go to church? \_\_\_ Yes \_\_\_ No. Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like assistance in finding a church? \_\_\_ Yes \_\_\_ No. Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any circumstances in your life that would keep you from completing classes for 10 weeks? If so, what would the circumstances be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the space below, **describe three goals** you have for yourself over the next 12 months:

**Participant Verification:**

I certify that **all** information on this application submitted to CWJC is true, correct, and complete. I understand that false, misleading, incomplete or omitted information will result in rejection of my application/classes. I will be required to follow the policies and rules of CWJC and that infractions of such rules may lead to the termination of my classes. I also give my permission for CWJC to conduct a background check on me. I understand that CWJC is not liable for injuries/reactions that might occur.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

**Participant Needs Assessment**

(During Intake)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate which of these classes you would consider taking.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \_\_\_\_\_ | Health & Nutrition |  | \_\_\_\_\_ | Time Management |  | \_\_\_\_\_ | Career Skills |
| \_\_\_\_\_ | Decision Making |  | \_\_\_\_\_ | Keyboarding |  | \_\_\_\_\_ | Intro to Computers |
| \_\_\_\_\_ | Crafting Classes |  | \_\_\_\_\_ | Celebrate Recovery |  | \_\_\_\_\_ | Money Management/Finance |
| \_\_\_\_\_ | Communication |  | \_\_\_\_\_ | Job Interviewing |  | \_\_\_\_\_ | Anger/Stress Management |
| \_\_\_\_\_ | Individual Helps Toward Goals |  | \_\_\_\_\_ | ESL (English as 2nd Language |  | \_\_\_\_\_ | Community Resource Helps |
| \_\_\_\_\_ | Goal Setting |  | \_\_\_\_\_ | Parenting |  | \_\_\_\_\_ | Dress for Success |
| \_\_\_\_\_ | Medical Management |  | \_\_\_\_\_ | Teen Pregnancy |  | \_\_\_\_\_ | Substance Abuse |
| \_\_\_\_\_ | Domestic Violence Issues |  | \_\_\_\_\_ | Avoiding Abuse |  | \_\_\_\_\_ | Making Marriage Work |
| \_\_\_\_\_ | GED |  | \_\_\_\_\_ | Free Counseling |  | \_\_\_\_\_ | Exercising/Workouts |
| \_\_\_\_\_ | Other Classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_ | Case Worker Helps |  | \_\_\_\_\_ | Help in Filling Out Forms |
| \_\_\_\_\_ | Other Classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_ | Other Classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_ | Boundaries |

What are some specific needs that you think CWJC can meet for you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some of your expectations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is one goal you would like to meet while you are at CWJC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your employment plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What goal(s) are you working towards regarding employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical: Are there any medical conditions we should be aware of? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weapons: Do you carry a concealed weapon? \_\_\_\_ Yes \_\_\_\_ No. *No weapons are allowed on the property of Christian Women’s Job Corps.*

Need: What is your greatest need overall? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Christian Women’s Job Corps**

**Participant and CWJC Covenant**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a participant in Christian Women’s Job Corp, agree to the following:

**ATTENDANCE:** I understand that regular attendance is essential to successful completion of this program, and I am expected to attend every class. If I must be absent for health or other valid reasons, I will promptly notify the program.

**PARTICIPATION:** I understand that active participation in all classes and related activities and completion of homework is important, and I agree to do so to the best of my ability.

**PUNCTUALITY:** I understand that being on time is also essential to successful completion of this program. Absences and lateness will be recorded and considered during evaluation of my performance and for continuation in the program.

SAFETY: I understand that in order to assure my safety and that of the others in the program I must observe all safety rules in the classroom and in the community as outlined by my instructors.

**Participant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

We, the staff of Christian Women’s Job Corp, agree to the following:

**Classes:** We will provide organized classes in computers, life-skills, and job-readiness training.

**SUPPORT:** We will be available to assist you in resolving problems related to childcare, transportation cost, and healthcare.

**CAREER DEVELOPMENT:** We will assist you in preparing for a job, exploring options, developing a resume, learning interview techniques, conducting a job search, and identifying training opportunities.

**COMMUNITY:** We will become a working-praying-celebrating-encouraging community for you and your family.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CWJC Staff Member**

**PHOTOGRAPH, MOVIE FILM, VIDEOTAPE,**

**AND/OR SOUND RECORDING AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant Christian Women’s Job Corps, its legal representatives, agents, successors or assigns, permission to use my likeness in photographs, movie films, videotapes and/or sound records, or any part thereof in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Christian Women’s Job Corps and will not be returned.

I hereby irrevocably authorize the Christian Women’s Job Corps to edit, alter, copy, exhibit, publish or distribute the photographs, movie films, videotapes and/or sound records, for purposes of publicizing the Christian Women’s Job Corps programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Christian Women’s Job Corps legal representatives, agents, successors or assigns, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**Christian Women’s Job Corps**

**2017 DEMOGRAPHIC FORM**

CWJC relies on grant funding to support the ministry. When applying for grants, questions about the people we serve are asked. We ask that you assist us by providing the following information:

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

**(Optional Questions)**

Age \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Hispanic

 \_\_\_\_\_ Non-Hispanic

Race: \_\_\_\_\_ Native American Disabled: \_\_\_\_\_ Yes

 \_\_\_\_\_ Asian \_\_\_\_\_ No

 \_\_\_\_\_ Black

 \_\_\_\_\_ White

Single Mother: \_\_\_\_\_ Yes \_\_\_\_\_ No

Currently Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

If employed, are you: \_\_\_\_\_ Full time \_\_\_\_\_ Part time