

Christian Women's Job Corps® Volunteer Application



Date: _____

Full Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Birth date: _____

Social Security Number: _____

Place of employment: _____

What is your occupation? _____

Education Completed: _____

Special Training: _____

Church Membership: _____

Church Address: _____

Pastor's Name: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

How did you hear about Christian Women's Job Corps®? _____

Tell us about church and/or community activities in which you have previously or are currently participating in: _____

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Why do you want to serve as a CWJC volunteer?

What spiritual gifts, skills, abilities, traits, etc., do you bring to the ministry that you think will help you in this ministry?
