

Christian Women's Job Corps of Nacogdoches

Participant Application

All information on this application will be kept confidential and made available only to CWJC staff.

Print your name (F, M, L) _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____

Birthdate _____ Age _____ Social Security No. _____

Driver's license number _____ State _____

Race _____ Hispanic: Yes _____ No _____ Primary Language _____

Are you Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Emergency Contact _____ **Relationship** _____

Home phone _____ **Cell phone** _____ **Work phone** _____

Do you currently - own your home _____ rent _____ live with friends/relatives _____ homeless _____

How long have you lived at current address? Years _____ Months _____

Are you on housing assistance? Yes _____ No _____

List everyone who lives in your household (Including yourself).

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have or own a vehicle? YES/ NO

How will you get to CWJC classes? _____

Did you graduate from high school? Yes _____ No _____

Did you attend college? Yes _____ No _____

Did you graduate college Yes _____ No _____ If yes, what degree? _____

If No, do you have your GED? Yes _____ No _____

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Do you have children? Yes ____ No ____

How many of your children live with you at this time? _____

Names and birthdates of your children

What training programs have you attended?

Date(s)

Where have you worked?

Your job

Date(s)

Of all your jobs, which one did you like best?

Why? _____

Do you go to church? YES / NO

Where? _____

Please list your hobbies, interests, skills – things you like to do.

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

How can Christian Women's Job Corps help you?

Do you or your spouse/significant other have any form of income?

Yes ____

No ____

If yes, where does it come from (ex. SSI, TANF, Job)? **(This information will be kept confidential)**

Please check the amount you receive per **month** (this does not effect eligibility):

0 - \$500 ____

\$501-\$1000 ____

\$1001- \$2000 ____

More than \$2000 ____

Do you receive government assistance? YES / NO

If yes, what kind? **(This information will be kept confidential)** ex. SNAP, Medicaid, WIC, HUD

Participant Self-Assessment

This confidential assessment will be kept in a locked file cabinet and made available only to CWJC staff.

Please be honest with us! Circle your answer to each question.

- Yes No Do you drink beer or alcoholic beverages now and then?
- Yes No Do you drink beer or alcoholic beverages every day?
- Yes No Do you use drugs now and then?
- Yes No Do you use drugs every day?
- Yes No Are you a past drug user? If so, how long have you been drug free? _____
- Yes No Have you ever been arrested?
- Yes No Have you ever been in prison?
- Yes No Are you currently under a doctor's care?
For what? _____
- Yes No Are you generally healthy?
- Yes No Do you have times when you are depressed?
- Yes No Are you currently being treated for depression?
- Yes No Are you currently being treated for any type of mental illness? If so, what? _____
- Yes No Do you have children? If so, who will care for them? _____
- Yes No Do you feel safe in your home?
- Yes No Have you ever been a victim of domestic violence?
If so, by who and how long? _____ (ex: spouse, boyfriend, parent, family member etc.)
- Yes No During childhood, did domestic violence ever occur in your home?
- Yes No Have you ever been abused?
How? ___Sexually ___Physically ___Verbally ___Mentally/Emotionally
If so, how long did this abuse occur? _____

What would you like to be different about your life? _____

Do you have any food or medication allergies that we need to know of? Please list: _____

In the event we need to call 911 on your behalf, what regular medications and medical conditions should we inform them of? _____

Do you have vision, hearing, or any disability related conditions which we need to take into consideration for classroom purposes? _____

If your primary language is not English, do you need assistance and training in English? YES/NO

Program Guidelines Agreement

Please Initial:

_____ I have completed this application honestly.

_____ I agree that my picture and story may be used in publicity for the Christian Women's Job Corps of Nacogdoches.

_____ I understand that drug abuse will result in immediate dismissal from all CWJC programs.

_____ I understand that I must call CWJC if I am going to be absent or late for class. Not having the CWJC phone number is an unacceptable excuse.

_____ I will spend my time with CWJC seeking to identify and change the choices and habits in my life which prevent me from becoming the woman God intends me to be.

_____ I agree to work cooperatively with journey partners, facilitators, instructors, interns and staff toward making changes in my life and behavior.

_____ I agree to abide by the policies and rules of CWJC of Nacogdoches and follow through with the commitments I make.

_____ I agree to be respectful, polite and cooperative toward other participants, staff, teachers, journey partners, and volunteers.

_____ I understand that if I exit the program for any reason, I will no longer be eligible for any assistance made available to me through CWJC.

Print Name

Signature

Date