

**CHRISTIAN WOMEN'S JOB CORPS
OF MCLENNAN COUNTY**

VOLUNTEER APPLICATION

Name _____ E-mail _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Driver's License # _____



Occupation _____ Employer _____

Education: GED ___ HS ___ Technical ___ College _____

(Specify)

Other _____



Church Membership _____

Previous volunteer experience No ___ Yes ___ (if yes, please specify)

Special skills, abilities, hobbies, interests, that you think will help you in this ministry

Volunteers are essential to the success of CWJC of McLennan County. To have success and meet reporting requirements, several things are necessary. Please review the list below and indicate by a check mark that you agree to help us meet our program requirements.

- Attend scheduled volunteer training/support meetings
- Report any special needs of participants that you are aware of
- Permission for a background check

REFERENCES: (One of these must be a leader in your church)

Name _____
Address _____ City/State _____ Zip _____
Home Phone _____ Alternate Phone _____

Name _____
Address _____ City/State _____ Zip _____
Home Phone _____ Alternate Phone _____

Name _____
Address _____ City/State _____ Zip _____
Home Phone _____ Alternate Phone _____

Person(s) to notify in case of emergency:

1. _____ Address _____ Phone _____
2. _____ Address _____ Phone _____

Signature _____ **Date** _____