



CHRISTIAN WOMEN'S JOB CORPS | 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

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



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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** \_\_\_\_\_

Mail application to  
**CWJC**  
**1101 Wooded Acres Suite 107**  
**Waco, TX 76710**