



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