



Discovering Hope
Christian Women's Job Corp – Northwest Georgia

MENTOR APPLICATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Is it okay to text you? ___ Yes ___ No

Alternate Phone: _____

Emergency Contact: Name _____

Relationship: _____ Cell Phone: _____

Employer: _____ Position Held: _____

Education Completed: _____

Special Training: _____

Church Membership: _____ Pastor's Name: _____

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

Why do you want to serve as a CWJC® Mentor? _____

Tell us about yourself. _____

What spiritual gifts, skills, abilities, talents, traits, experiences, etc. do you bring to the mentoring relationship? _____

Have you accepted Jesus Christ as your personal Lord and Savior? ____Yes ____No

Please tell us about that experience. _____

Will you commit to attend any scheduled mentor meetings? ____Yes ____No

Do you give your permission for a background check to be run on you? ____Yes ____No

Please provide CWJC® with three personal references

Name: _____

Relationship: _____ Preferred Phone: _____

Email: _____

Name: _____

Relationship: _____ Preferred Phone: _____

Email: _____

Name: _____

Relationship: _____ Preferred Phone: _____

Email: _____

Applicant Signature _____

Date _____

Please email this completed form to cwjc.nwga@gmail.com

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Internal Use Only

CWJC® Site Coordinator Signature _____

Date Reviewed _____