

Discovering Hope Christian Women's Job Corp – Northwest Georgia

PARTICIPANT APPLICATION

Please note: This is for private use only and will not be shared outside of CWIC-NWGA

Applicant Name:			
Today's Date	Date of Birth:		Current Age:
Address:			
City/State/Zip			
Cell Phone #	Is it ok	ay to text	you? Yes No
Alternate Phone #			
Email Address:			
Emergency Contact: Name			Phone #
Marital Status: Married Single	eEngaged	_ Separat	red Divorced Widowed
Spouse/Partner's Name (if applicable) _			
Please list the following information for	children (newborn t	o 18 year	s old) living in your home:
Name	Age	Grade	Relationship (son, daughter, etc.)
How many children (5th grade and unde	r) will need childcar	e on class	night?
What is the highest grade you completed	d?	If you	graduated, what year?
Are you currently working? Yes	_ No If so where? _		
Do you attend church? Yes No	If so where?		
What do you hope to get out of a course	like this?		
Where did you hear about Discovering F	Iope/Christian Wom	en's Job C	Corp of Northwest Georgia?
Are there circumstances in your life that	: may create problem	ıs for you	while participating?
What job(s) have you enjoyed in the pas			