

**WILLING HELPERS' HOME FOR WOMEN, INC.  
226 WEST MADISON AVENUE  
JOHNSTOWN, NEW YORK 12095**

**APPLICATION FOR ADMISSION**

1. FULL NAME \_\_\_\_\_
2. PRESENT RESIDENCE \_\_\_\_\_
3. TELEPHONE # \_\_\_\_\_
4. NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_
5. PREVIOUS ADDRESS \_\_\_\_\_
6. DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_
7. PRESENT AGE \_\_\_\_\_
8. MARITAL STATUS:  
SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_
9. PLACE OF BIRTH \_\_\_\_\_
10. SOCIAL SECURITY # \_\_\_\_\_
11. CHURCH AFFILIATION \_\_\_\_\_  
LOCATION OF CHURCH \_\_\_\_\_
12. OCCUPATION \_\_\_\_\_
13. HOBBIES, INTERESTS \_\_\_\_\_
14. DO YOU OWN A PERSONAL COMPUTER? \_\_\_\_\_