

**CHRISTIAN WOMEN'S JOB CORPS OF NACOGDOCHES**  
**Participant Application**

**All information on this application will be kept Confidential. Only the Director of CWJC will have access to this form and it will be kept in a locked file cabinet.**

Print your name \_\_\_\_\_

Today's date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived there? Years \_\_\_\_\_ Months \_\_\_\_\_

Do you live in an apartment \_\_\_\_\_ mobile home/trailer \_\_\_\_\_ house \_\_\_\_\_

Are you on housing assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Birthday \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

US citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, do you have a green card? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you Single \_\_\_\_\_ Separated/divorced \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

Who lives in the same house as you?

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will you get to CWJC classes? \_\_\_\_\_

Did you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, do you have your GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_

Do they live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and birthday of your children  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What training programs have you attended? \_\_\_\_\_ Date(s) \_\_\_\_\_  
\_\_\_\_\_

Where have you worked?	Your job	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Of all your jobs, which one did you like best? Why?

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

How can Christian Women's Job Corps help you?

Do you have any form of income? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where does it come from?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the amount you receive per **month**:  
0 \_\_\_\_\_ \$50-\$100 \_\_\_\_\_ \$101-\$200 \_\_\_\_\_ \$201-\$500 \_\_\_\_\_

Do you go to church? \_\_\_\_\_ Where? \_\_\_\_\_

Who is your pastor or priest or rabbi? \_\_\_\_\_

Please list your hobbies, interests, skills – things you like to do.

Do you receive government assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what  
\_\_\_\_\_  
\_\_\_\_\_

Return to: Christian Women's Job Corps, P.O. Box 632145, Nacogdoches TX 75963

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

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Do you have or have you ever had problem with any of the following? **Please circle.**

- |  |                                       |
|--|---------------------------------------|
| 1. Yes No Heart                        | 14. Yes No Ears                       |
| 2. Yes No Blood pressure               | 15. Yes No Cancer                     |
| 3. Yes No Kidney/bladder/urinary tract | 16. Yes No Bones/joints               |
| 4. Yes No Stomach/intestines           | 17. Yes No Nerves/anxiety             |
| 5. Yes No Anemia/blood disorder        | 18. Yes No Central nervous System     |
| 6. Yes No Stroke                       | 19. Yes No Head injury                |
| 7. Yes No Diabetes                     | 20. Yes No Back injury                |
| 8. Yes No Asthma/allergies             | 21. Yes No Skin                       |
| 9. Yes No Seizures                     | 22. Yes No Headaches and or Migraines |
| 10. Yes No Lungs/TB                    | 23. Yes No Genital                    |
| 11. Yes No HIV infection               | 24. Yes No Teeth/mouth                |
| 12. Yes No Venereal disease            | 25. Yes No Eyes                       |
| 13. Yes No High-risk pregnancy         | 26. Yes No Other                      |

**Please explain each item you circled YES. Give the item number and explanation:**

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**Have you seen a doctor or therapist in the past three years? Yes \_\_\_ No \_\_\_**

**If YES, please explain:**

**Have you been treated for emotional problems? Yes \_\_\_ No \_\_\_**

Doctor's Name

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**Have you ever been diagnosed as bi-polar?**

**Please list current medications:**

**Confidential Self-Assessment**

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Please be honest with us! Circle your answer to each question.

Do you drink beer or alcoholic beverages now and then?	Yes	No
Do you drink beer or alcoholic beverages every day?	Yes	No
Do you use drugs now and then?	Yes	No
Do you use drugs every day?	Yes	No
Do you gamble every now and then?	Yes	No
Do you gamble every day?	Yes	No
Do any friends or family complain about your drinking, drug use, or gambling?	Yes	No
Have you ever attended an AA (Alcoholics Anonymous) meeting?	Yes	No
Have you ever attended a NA (Narcotics Anonymous) meeting?	Yes	No
Have you ever attended a GA (Gamblers Anonymous) meeting?	Yes	No
Have you ever lost a job because of drinking, drug use, or gambling?	Yes	No
Have you ever asked for help with drinking, drug use, or gambling?	Yes	No
Have you ever been arrested?	Yes	No
Have you ever been in prison?	Yes	No
Have you ever gotten treatment for alcohol or drug problems?	Yes	No
Are you getting medical care now?	Yes	No
For what? _____		
Do you take any prescription medicines?	Yes	No
For what? _____		
Are you generally healthy?	Yes	No
Have you ever been told that you have:		
TB (tuberculosis)	Yes	No
Hepatitis?	Yes	No
HIV/AIDS?	Yes	No
Do you have times when you are depressed?	Yes	No
Have you ever been treated for depression or a mental illness?	Yes	No
If you have children, do you have safe, affordable care for them?	Yes	No
Do you feel safe in your home?	Yes	No
Do you have a car?	Yes	No
If not, how do you get where you need to go? _____		
Do you have at least one close friend?	Yes	No
Was it hard for you to answer these questions?	Yes	No
Have you ever been abused? If yes, how?		
Sexually _____ physically _____ verbally _____ mentally _____		

What would you like to be different about your life?

## **Participant's Understanding of Christian Women's Job Corps Ministry**

**Please check:**

\_\_\_\_\_ I have completed this application honestly because I desire to attend classes at Christian Women's Job Corps of Nacogdoches.

\_\_\_\_\_ I agree that my picture and story may be used in publicity for Christian Women's Job Corps of Nacogdoches.

\_\_\_\_\_ I understand that drug use will result in immediate dismissal from all programs.

\_\_\_\_\_ I understand that I must call CWJC if I am going to be late for class or absent. Not having phone number is no excuse.

\_\_\_\_\_ I choose to change those things that defeat me and prevent me from becoming the woman God intends me to be.

\_\_\_\_\_ I agree to being matched with a mentor and to work with her in making changes in my life and behavior.

\_\_\_\_\_ I agree to abide by the policies and rules of CWJC of Nacogdoches and follow through with the commitments I make.

\_\_\_\_\_ I agree to work in harmony with other participants, staff, teachers, mentors, and volunteers.

\_\_\_\_\_ I understand that failure to follow the plan to change will change will compromise my ability to complete the program.

\_\_\_\_\_ I understand that if I exit the program or am dropped, I will no longer be eligible for any assistance CWJC might provide me.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**