



Christian Men's Job Corps®

Participant Application

Date: _____

Name: _____

Where do you live? In an Apartment Mobile home/Trailer House Shelter

Street Address: _____

City: _____ State: _____ Zip: _____

How long have you lived there? _____ Months _____ Years

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Birth Date: _____

Do you have a current Drivers License? Yes No

Are you Single Separated/Divorced Married

Who lives in the same house you do?

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

(If there are more people in your house, please write the information about them on the back of this application.)

What is the last grade of school you completed? _____

If you finished the 12th grade, did you graduate? Yes No

If you did not graduate, do you have your GED? Yes No

If no, is this something you want? Yes No

What training programs have you attended or completed? _____ Date(s) _____

Where have you worked? _____ Describe your job _____ Date(s) _____



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(continued)

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

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

How can Christian Men's Job Corps® help you?

Do you have any form of income? Yes No

If yes, where does it come from? _____

Do you go to church?? Yes No Where? _____

Who is your Pastor, Priest, Rabbi? _____

What do you like to do? Please list any hobbies, interests, skills.

Participant's Signature

Please print name

Date



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Participant Application
(Needs Assessment Questionnaire)

Please be honest with us! Your information will be kept confidential, and we are not here to judge. With this information we can determine how to best help you.

- Do you drink beer or other alcoholic beverages now and then? Yes No
- Do you drink beer or other 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 complain about your drinking, drug use, or gambling? Yes No
- Have you ever thought you might have a problem with drinking, drug use, Gambling or pornography? Yes No
- Do you have any current restraining orders concerning women or children impose by the courts..... Yes No
- Have you ever tried to "cut down" on 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 been in treatment for an alcohol or drug problem? Yes No
- Are you getting medical care now? Yes No
- Do you take any prescription (Rx) medications..... Yes No
- Are you generally healthy? 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 no car, how do you get where you need to go? _____
- Do you have at least one close friend? Yes No
- Was it hard to answer these questions? Yes No
- What would you like to be different about your life? _____
