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| --- |
| **Leadership Volunteer Information** |
| First Name | Middle Int. | Last Name |
| Click here to enter text. Click here to enter text. Click here to enter text. |
| Address | Apt. Number | City | State | Zip Code |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Date of Birth (mm/dd/yyyy) | Email | Phone Number (Cell) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Phone Number (Home) | Are you a Christian Men’s/Women’s Job Corps® Alumni? | Yes | No |
| Click here to enter text. |  |[ ] [ ]
| Are you currently a member of a Church/Organization? | Yes | No |
|  |[ ] [ ]
| Do you give the CMJC™ consent to run a background check?\* | Yes | No |
|  |[ ] [ ]
| Please list any other locations that you currently volunteer at: |
|  |
| Church/Organization Contact Information |
| Name | Phone Number | City/State |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Please Indicate Any Trade or Work Skills That You Have: (Ex. A/C, Plumbing, Construction, Flooring, Landscaping, Etc.) |
| Click here to enter text. |

(\*) Information Required For Insurance Purposes

**I attest that I have reviewed this information for errors, before signing, and that all the information provided on this application is both correct, and true, and I do hereby authorize CMJCSM, or its agent, to verify any and all the above information with the governing authorities mandating the stated community service hours. Must be signed and dated in person.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**

 **Signature of Applicant Date**