|  |
| --- |
| **Leadership Volunteer Information** |
| First Name | Middle Int. | Last Name |
|   |
| Address | Apt. Number | City | State | Zip Code |
|  |  |  |  |  |
| Date of Birth (mm/dd/yyyy) | Email | Phone Number (Cell) |
|  |  |  |
| Phone Number (Home) | Are you a Christian Men’s/Women’s Job Corps® Alumni? | Yes | No |
|  |  |[ ] [ ]
| 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 |
|  |  |  |
| Please Indicate Any Trade or Work Skills That You Have: (Ex. A/C, Plumbing, Construction, Flooring, Landscaping, Etc.) |
|  |

(\*) 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, and to perform a background check.**

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

 **Signature of Applicant Date**