

Mentor Application for CWJC of Bladen County

Date _____

Name _____

Address _____

City _____ **State** _____ **ZIP** _____

Home phone _____ **Work phone** _____

Cell phone _____ **Email** _____

Birth date _____

Employer _____

Position Held _____

Education completed _____

Special Training _____

Church membership _____

Pastor's name/contact # _____

Mailing Address _____

Emergency contact _____

Home phone _____ **Work phone** _____

Cell phone _____ **Relationship** _____

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

Why do you want to serve as a CWJC mentor?

Tell us about yourself.

Church/community activities	Current participation	Previous participation

What spiritual gifts, skills, abilities, talents, traits, experiences, etc., do you bring to the mentoring relationship?

Have you accepted Jesus Christ as your personal Lord and Savior?

Will you commit to attend any scheduled mentor meetings?	Yes	No
Do you give your permission for a background check to be run on you?	Yes	No

Please provide CWJC with three personal references	
Name	Relationship
Mailing Address	Email
	Preferred Phone
Name	Relationship
Mailing Address	Email
	Preferred Phone
Name	Relationship
Mailing Address	Email
	Preferred Phone

**Return to: Christian Women’s Job Corps
of Bladen County
Jennifer Carter, Site Coordinator
P O Box 323
Tar Heel, NC 28392**

Signature _____