



Member Intake Form:

Contact Person: _____ Organization: _____

Contact # _____ Alt _____

Email or Mailing Address _____

Age: _____ Gender: _____ Zip Code: _____

1. Are you currently employed? () Yes () No

If yes list your employer name and length of employment: _____

2. Do you have a high school diploma: () Yes () No or GED? () Yes () No

3. Do you a college Degree: () Yes () No

4. Have you participated in any vocational training programs? () Yes () No
If yes, which program(s) and when?

5. What additional education do you feel you need? Check all that apply.
() High School or GED () College courses
() College Degree () Vocational courses

6. Are there any problems or reasons that would prevent you from enrolling in a training or educational program now? () Yes () No

If yes, please explain: _____

7. What services do you think you and your family need?
() Child care () Education () Job Training () Career Counseling () Personal counseling
() Transportation () Child/Family management () Other:

8. (s) of Income:
() TANF () Child Support () Unemployment () Spousal support () Grant
() Employment () Other:

9. Would like to start you own business?

10. Would you like to intern at a company to learn a new skill
