



Love Plus Participant Application Form

CONTACT INFORMATION

Name (Please Print) _____ Age _____

Address _____ City/State/Zip _____

Home Phone (____) _____ Cell (____) _____ Date _____

E-Mail _____

Would you like to receive the Love INC newsletter? Y/N If yes do you prefer email or paper copies? _____

Emergency Contact: _____ Phone: (____) _____

Do you attend church? _____ which one? _____

Are you employed? _____ Do you have a desire to be employed? _____

Place of Employment _____

What type of job or career interests you? _____

What are you current skills? _____

What are your transportation needs for this class? _____

What are you childcare needs for this class? _____

Names and ages of children: _____

If any, what plans do you have for your life? _____

Why do you want to participate in Love Plus at this time? _____
