

CHWC DATA COLLECTION FORM

IF THIS FORM IS FILLED OUT IT NEEDS TO BE ENTERED ON THE CHWC WEBSITE. PLEASE CONTACT THE CHWC OFFICE IF YOU HAVE NOT RECEIVED THE APPROPRIATE LINK. **DO NOT SEND THIS FORM TO THE CHWC OFFICE.**

Church: _____

First Name: _____

Last Name: _____

Gender: _____ Age: _____

Date of Birth: _____

Age Group: _____

Youth, Young Adult (18-20) or Adult (21+)

Grade: _____

Grade entering the fall of 2016

Attended CHWC? _____

How many Years? _____

LIST YOUR INTEREST 1-2-3

_____ **Work project** (projects range from painting, indoor clean up, maintenance/repair, outdoor yard work)

_____ **Work with children** at day care centers for low-income families

_____ **Work at a social service center** (homeless shelter, food distribution center, outreach center)

Comments to help us place you on a team: _____

Are there any health issues we need to know about before placing you at a worksite? _____

Emergency Contact: _____ Emergency Phone: _____

Adults & Young Adults Only

Email: _____

Cell Phone: _____

Skills:

Level 1 - I have never done this kind of work

Level 2 - I have helped someone else do this kind of work once or twice

Level 3 - I have done this kind of work once or twice on my own home improvement project

Level 4 - I could assist a professional to do this kind of work and be a competent helper

Level 5 - I do or could do this kind of work for a living

Construction: _____ Concrete: _____ Drywall: _____ Painting: _____ Plumbing: _____ Electrical: _____

Other Job at Camp:

___ Associate Staff Member: stay at home base and work behind the scenes and help prepare meals

___ Troubleshooter ___ Camp Nurse/EMT/Doctor ___ Priest: Help with Liturgy/Reconciliation