

Name: _____

Date of Birth: _____

Address: _____

Phone #: _____

Email Address: _____

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	Ethnicity: Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>
Race (Mark All that apply)	Native Language (Mark one)
White <input type="checkbox"/>	English <input type="checkbox"/>
Black / African American <input type="checkbox"/>	Arabic <input type="checkbox"/>
Asian <input type="checkbox"/>	Cambodian <input type="checkbox"/>
Pacific Islander / Native Hawaiian <input type="checkbox"/>	Farsi <input type="checkbox"/>
Filipino <input type="checkbox"/>	Hmong <input type="checkbox"/>
American Indian <input type="checkbox"/>	Lao <input type="checkbox"/>
Alaska Native <input type="checkbox"/>	Punjabi / Panjabi <input type="checkbox"/>
Other: _____ <input type="checkbox"/>	Russian <input type="checkbox"/>
	Spanish <input type="checkbox"/>
	Tagalog <input type="checkbox"/>
	Vietnamese <input type="checkbox"/>
	Other: _____ <input type="checkbox"/>
Country of Origin In which country were you born? _____	
Labor Force Status (Mark One)	Barriers to Employment (Mark ALL that apply)
Employed <input type="checkbox"/>	Cultural Barriers <input type="checkbox"/>
Going to be laid off <input type="checkbox"/>	Displaced Homemaker <input type="checkbox"/>
Looking for a job (# of months _____) <input type="checkbox"/>	Disabled (Type) _____ <input type="checkbox"/>
Not employed and not seeking work <input type="checkbox"/>	English Language Learner <input type="checkbox"/>
Assistance Received (Mark ALL that apply)	Ex-Offender <input type="checkbox"/>
Dislocated Worker <input type="checkbox"/>	Seasonal Farmworker <input type="checkbox"/>
U.S. Veteran <input type="checkbox"/>	Migrant Farmworker <input type="checkbox"/>
CalWORKs / TANF <input type="checkbox"/>	Foster Care Youth <input type="checkbox"/>
CalWORKs ending in less than 2 years <input type="checkbox"/>	Homeless <input type="checkbox"/>
Cal Fresh / SNAP <input type="checkbox"/>	Low Income <input type="checkbox"/>
General Assistance <input type="checkbox"/>	Low Literacy / Math <input type="checkbox"/>
Refugee Cash Assistance <input type="checkbox"/>	Refugee <input type="checkbox"/>
SSI <input type="checkbox"/>	Single Parent <input type="checkbox"/>
Other: _____ <input type="checkbox"/>	None <input type="checkbox"/>
	Other: _____ <input type="checkbox"/>

I'm interested in the following: (Mark All that apply)	Primary	Secondary
AmeriCorps Membership	<input type="checkbox"/>	<input type="checkbox"/>
Enter College or a Training Program	<input type="checkbox"/>	<input type="checkbox"/>
Ending Cash Assistance (CalWorks/General Assistance)	<input type="checkbox"/>	<input type="checkbox"/>
CTE/Pre-Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>
Soft Skills	<input type="checkbox"/>	<input type="checkbox"/>
Retain a Job	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Readiness (Resume, Career Exploration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Enter the Military	<input type="checkbox"/>	<input type="checkbox"/>
Earn U.S. Citizen	<input type="checkbox"/>	<input type="checkbox"/>
Family Support/Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Information	<input type="checkbox"/>	<input type="checkbox"/>
Family Goal: _____		
Other: _____		
Highest Year of School Completed:		
Highest Diploma or Degree Earned:		