



St. Vincent de Paul Society of Marinette, Inc  
**GETTING AHEAD WORKSHOP**  
 Investigator (Candidate) Application



Today's Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Emergency Contact Information**

Name (Please Print) \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Employment Status**

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Shift Times \_\_\_\_\_

Unemployed \_\_\_\_\_

**Transportation**

Car \_\_\_\_\_

Taxi \_\_\_\_\_

Bicycle \_\_\_\_\_

Other \_\_\_\_\_

**Housing**

Own \_\_\_\_\_ Rent \_\_\_\_\_ Shelter \_\_\_\_\_

Other \_\_\_\_\_

Total # of All Household Members \_\_\_\_\_

(Include yourself, children, spouse, and ANY others living in same home.)

**Children**

Child's Name	Age	Child's Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continued on Other Side)

How do you think you may benefit from the Getting Ahead Workshop? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### What Investigators Need to Know

- Filling out this application does not ensure that you will be a part of the next class.
- You will be called to schedule an interview (in-person, over the phone, or virtually).
- Decisions will be made after all interviews have been conducted, and all applicants will be notified.
- Class sizes are limited.

### Investigator Commitment

-Attending all classes is expected

-Full participation in class discussions and completion of assignments is expected

-If you are unable to attend a class, it is your responsibility to notify facilitator prior to class and arranging to make up the work you missed

**PLEASE NOTE: Following the 16 weekly classes, graduates will continue to receive support at voluntary monthly meetings and from their allies who encourage them along the way**

#### RETURN FORM TO:

GETTING AHEAD COORDINATOR  
ST. VINCENT DE PAUL SOCIETY OF MARINETTE, INC  
PO BOX 1111  
MARINETTE, WI, 54143  
EMAIL: GETTINGAHEAD@SVDPMARINETTE.COM