



PIM does not share personal information with any other persons/agencies.

Print responses:

Date: _____ Referred by: _____ Phone Number: _____

Full Legal Name _____
First Middle Initial Last

Date of Birth: _____ Age: _____ Ethnicity: _____

Marital Status: _____ (Single, Married, Widow, Widower, Separated) Head of Household ☐ YES ☐ NO

Mailing Address: _____

City: _____ State: _____ Zip: _____

Your Email: _____ Spouse Email: _____

County of Residence: _____ Your Last 4 of Social: _____

Spouse Information:

Name: _____ Date of Birth: _____ Ethnicity: _____

Education: Check all that apply as well as the number of people it applies to.

High School Graduate ☐ _____ High School Incompletion ☐ _____ GED ☐ _____ Adult Diploma ☐ _____

Associates Degree ☐ _____ Bachelor's Degree ☐ _____ Master's Degree ☐ _____ Doctoral Degree ☐ _____

List Certifications: _____

Organizations: _____

Household Information:

How many people are in your home? _____ How many minors are in your home? _____ What are their

ages? (0 – 17) _____ How many people are between the ages of 18 – 25? _____ How many

people are between the ages of 26 – 30? _____ How many people are between the ages of 31 – 50? _____

How many people are between the ages of 51 – 64? _____ How many people are 65+? _____

How many people are married? _____ How many people are a widow? _____ How many people are a widower? _____

How many people in your household are males? _____ How many people in your household are females? _____

Property Information:

Do you own the Property? _____ Are you a homeowner? _____

Employment Information:

Are you unemployed? _____

How many people are employed in your household? _____ How many people are unemployed in your

household? _____ How many people in your household are retired? _____ How many people in your

household are veterans? _____ How many people are college students in your household? _____ How many

people in your household are disabled? _____ How many people in your household are laid-off? _____



910-277-3355



info@pim-nc.org



www.pim-nc.org



Which Programs and Services do you receive? (check all that apply.)

Partners In Ministry's Food Pantry: _____
Commodity Boxes (Senior Boxes) _____
TEFAP Boxes: _____
SNAP (Food Stamps): _____

Partners In Ministry's Church Distribution: _____
Partners In Ministry's Gift Shop: _____
Housing Repairs: _____
LIEAP: _____

What is the name of your church?

Are you interested in volunteer services at Partners In Ministry? _____ If so, which program and service would you like to volunteer for? _____

SYSTEM After-school Program: _____
Food Pantry: _____
Computer Lab Assistance: _____
Fundraising: _____
Housing Repairs (ROAR): _____
Workshops: _____

Youth Empowered to Succeed Program: _____
Community Outreach Services: _____
Gift Shop: _____
Communication Team: _____
Janitorial: _____
Community Garden: _____

I certify that all information provided as part of this application is true and correct to the best of my knowledge.

Signature _____ Date _____

Do you have any questions, concerns, or feedback? _____ If so, please email info@pim-nc.org (Human Resources) or call (910)277-3355.

Note: Partners In Ministry is a (c)(3) organization. This information is vital to our programs, services, and funding. We will never share your information outside of Partners In Ministry's database. This information is not shared with third parties. Thank you for understanding.



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