

# Project Thrive

*a community outreach ministries program*

Fill out this application and email it to  
[info@bolivarcom.org](mailto:info@bolivarcom.org)  
or turn it in at  
320 S. Market Ave, Bolivar, MO 65613

Contact 417-326-2769 for more information

## Student Application

A \$20 fee is to be paid upon acceptance to the program

*(Refundable upon graduation of the program)*





## Program Overview

Thanks for considering Project Thrive! Our program is designed to help folks evaluate their goals, train them in essential life and job skills, and put them in touch with good job providers. Here's a bit of an overview of what you'll be doing during the ten weeks of Project Thrive:

- Learn in-demand soft skills, and how to use them to search for, acquire, and keep a good job
- Network with local business leaders and hear directly from them what employers are looking for
- Learn how to empower yourself in finding out your talents, as well as how to confront your weaknesses and see them as opportunities for development
- Be paired with a mentor who will attend classes with you, as well as guide and advise you
- Learn essential home budgeting, financial planning, and time-management skills
- Volunteer at COM to gain valuable, real-world work experience

At the end of the course, you'll have a detailed Roadmap to Success, a polished resume, a strong 60-second pitch for your experience and skills that you can use while networking, and, finally, you'll have a guaranteed job interview with a local business.

The time commitment for Project Thrive varies, but the minimum requirements are 4 hours of class-time per week, in the evenings, and at least 2 hours of volunteering a week. You'll also have a weekly meeting with your mentor. Note that the required amount of volunteer hours are based on your current availability with your work schedule. You'll probably be required to volunteer for more than 2 hours a week, unless you have a full-time job.

If you'd like more information for this program before you apply, please contact the Project Thrive Coordinator at 417-326-2769 or at [Thrive@bolivarcom.org](mailto:Thrive@bolivarcom.org)

Finally, please note that because our space and resources are limited, we are not often capable of accepting every person who applies. If you don't get accepted into the program this time around, you are encouraged to apply during the application periods for future courses.



# Background Info

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_

Are you a US citizen?:  Yes  No

*Providing this information does **not** disqualify someone from the program, but it will help us plan for potential barriers to employment*

Can you present any of the following?:

Birth Certificate:  Yes  No

Driver's License:  Yes  No

Social Security Card:  Yes  No

Non-Driver Id:  Yes  No

Do you have access to reliable transportation and childcare (if applicable)?:

Transportation:  Yes  No

Childcare:  Yes  No  N/A

Do you have medical issues?:  Yes  No

*Providing this information does **not** disqualify someone from the program, but it will help us plan for potential barriers to employment*

If so, would these issues affect your working (please describe)?:  Yes  No

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What evenings are you available?:  Mon  Tue  Wed  Thu  Fri

# Training Info

What is your current employment goal?:

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How did you discover this program?:

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What are some of your skills or hobbies?

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## Educational Info

Did you graduate high school?:  Yes  No  GED or HSE

If not, what is the highest grade you completed?: \_\_\_\_\_

Have you acquired any education or skills training beyond high school?  Yes  No

If so, please describe it: \_\_\_\_\_

## Legal Info

*Providing information in this section does **not** disqualify someone from the program, but it will help us plan for potential barriers to employment*

Have you ever been convicted of a felony and/or served time?  Yes  No

If yes, please use this space to describe the charge, year, and location & length of the sentence of the incident(s):

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Have you ever struggled with any addictions?  Yes  No

Has addiction ever posed a challenge to employment in the past?  Yes  No



# Employment Info

Check all that apply:  Unemployed  Full-time job  Part-time job  
 Public welfare recipient  Disability  SSI

Do you have children:  Yes  No Do you pay child support:  Yes  No

What is your housing situation?:  Rent apartment  Rent house  Own house  
 Homeless  Other: \_\_\_\_\_

# Employment History

*Describe your employment history, beginning with your most recent or current employer.*

**Employer 1 (Most recent or current)**

Employer name: \_\_\_\_\_

City and state: \_\_\_\_\_ Employer phone number: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Job title: \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Work schedule (if you're still at this job): \_\_\_\_\_  
\_\_\_\_\_

**Employer 2**

Employer name: \_\_\_\_\_

City and state: \_\_\_\_\_ Employer phone number: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Employer 3**

**Employer name:** \_\_\_\_\_

**City and state:** \_\_\_\_\_ **Employer phone number:** \_\_\_\_\_

**Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_ **Job title:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Referral Info

*This section is only for a person who is referring the applicant to the program. If the applicant was not referred by anyone, they may leave this section blank.*

**What makes the applicant a strong candidate for the program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the applicant's best opportunities for skill development?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are other needs of the applicant's that go beyond the purview of this program (substance abuse counseling, English-language training, etc.)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Print name:** \_\_\_\_\_ **Organization (if applicable):** \_\_\_\_\_

**Sign name:** \_\_\_\_\_ **Date:** \_\_\_\_\_