

ProCAP Referral Form

Use this form to refer candidates to ProCAP. Send the completed form to The Cooperative Ministry via email (EPALEKAS@COOPMIN.ORG) or fax (803.252.8621). You may also deliver or mail the form to The Cooperative Ministry, 3821 W. Beltline Blvd., Columbia, SC 29204.

Candidate

Name (First, Last): _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Neighborhood Name: _____

Current Employer: _____

Job/Position Title: _____

Current School or Training Program: _____

Expected Graduation/Completion Date (Month & Year): _____

What industry-recognized professional credential is the candidate seeking? _____

Person Referring

Name of Person Referring: _____

Phone: _____ Email: _____

Relationship to Candidate: ☐ Self ☐ Family Member ☐ Friend ☐ Outreach Worker

☐ Career Counselor ☐ Other (please describe) _____

Comments:
