

PO Box 624 • Rancho Cucamonga, CA 91729
Phone: (909) 483-0548 ~ Fax: (909) 483-0553
lindsay@wsbcba.org

WeCare 2020 Application

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Employment Status: Laid off Reduced hours

Employer Information:

Employer: _____

Address: _____

City, State, Zip: _____

Supervisor Name: _____

Email: _____ Phone: _____

Please send this completed application by mail, email or fax.

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Office use only: _____
