



VOLUNTEER APPLICATION

Name _____
LAST FIRST

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Phone #: _____ Alt. Phone #: _____

E-Mail Address: _____ Date of Birth: _____

Marital Status: Married _____ Single _____ Widow(ed) _____ Divorced _____

If married, name of your spouse: _____ Anniversary: _____

Do you have any children: ____ Yes ____ No

Name and birthdays of children: _____

Have you ever been convicted of a crime? ____ Yes ____ No If yes, please explain:

May we have a background check done? ____ Yes ____ No

Education:

High School: Number of Years completed (circle one) 1 2 3 4

Diploma: __ Yes __ No GED: __ Yes __ No

School _____

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5+

School(s) _____ Degrees Earned _____ (Dates) _____

Describe other training or degrees: _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of Volunteer Service: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____



Organization _____ Date of Volunteer Service: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

Employment History: List most recent employment first.

Employer _____ Date of Employment: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

Employer _____ Date of Employment: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

Additional Information:

1. What is your reason for seeking to volunteer here?

2. Do you consider yourself a Christian? ____ Yes ____ No

3. If so, how long have you been a Christian? _____

4. Briefly share your testimony (**Write on a separate sheet and attach to this form**)

5. Please provide the following information concerning your local church.

Church Name _____ Denomination _____

Address _____ Pastor's Name _____

Phone _____ Position in which you served _____

6. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.



7. What special skills, talents, gifts, or personality traits would you bring to this ministry?

8. Have you ever counseled a woman who was considering an abortion? ☐ Yes ☐ No
(Explanation) _____

9. Have you personally been an unwed mother, had an abortion, or placed a baby for adoption? (If you prefer you can choose not to answer this question here and instead discuss your response confidentially with the director.)

10. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

Never an option _____

In cases of rape or incest _____

In cases of where the mother's life was in extreme peril _____

In cases of extreme psychological distress _____

Other (specify) _____

11. Please list any books, films or other material that you have read or viewed that relate to abortion, pregnancy or alternatives to abortion.

12. How would you rate yourself in the following areas:

Knowledge of abortion methods? excellent___ good___ fair___ poor___

Knowledge of current laws concerning abortion? excellent___ good___ fair___ poor___

Knowledge of what the Bible teaches about abortion? excellent___ good___ fair___ poor___

13. Are you currently or have you ever been involved in seeking to adopt a child? __Y__N

(Explanation) _____



14. What do you consider to be your possible areas of weakness?

15. Are there any particular personality types with whom you have difficulty working?

References:

Please list persons who are not related to you and who have known you for at least two years:

Name	Address/phone number	Years Acquainted	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Options for Women from all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer at Options for Women, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of Options for Women, and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry. I certify that I have read and am in full agreement with Options for Women's Statement of Faith and Statement of Principle.

Signature of Applicant _____ Date _____

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OFFICE USE

Interview Date _____ Start Date _____ Date Left _____