

Volunteer Application

Name _____ Date _____

Phone (Home) _____ (Cell) _____

Address _____ City/Zip _____

Email Address: _____

Age _____ Birth date _____ Marital Status _____

Occupation _____

Previous occupation (if any) _____

Previous Volunteer Experience _____

Which of the following areas are you interested in? (Please check as many as you like)

<input type="checkbox"/> Receptionist	<input type="checkbox"/> Peer Counselor	<input type="checkbox"/> Clerical	<input type="checkbox"/> Sorting Clothes	<input type="checkbox"/> EWYL Teacher
<input type="checkbox"/> Board Member	<input type="checkbox"/> Annual Events	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Prayer Team	<input type="checkbox"/> Cleaning-Saturday
<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Nurse	<input type="checkbox"/> Sonographer	<input type="checkbox"/> Mailings	<input type="checkbox"/> Public -Speaking

Other _____

Preferred Schedule or Availability:

Although we have some flexibility, the following are the typical center shifts.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	Cleaning crew
3:00 – 5:00	3:00 – 5:00	3:00 – 5:00	3:00 – 5:00	3:00 – 5:00	

Why do you want to volunteer at a Life Care Center?

Training/Gifts

1. What special gifts, talents, or personality traits do you bring to this ministry?

2. What is your educational background? List any special training or educational experiences.

3. What are your strengths?

4. What are possible areas of weakness?

5. What personality types do you have difficulty working with?

6. How do you resolve conflicts or disagreements?

General Information

1. How did you hear about this ministry?

2. In what other ministries or organizations have you been a leader, lay counselor, or been involved?

3. How does your spouse/family feel about your potential involvement with this ministry?

4. Have you ever placed a baby for adoption? If so, what are your feelings about that decision?

5. Have you ever had an abortion? If so, what are your feelings about that decision?

6. Have you ever counseled a woman who was considering an abortion? Please explain.

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

- In cases of rape or incest
- In cases of fetal deformities
- Never
- Other _____
- In cases of maternal medical risk
- In cases of severe psychological stress

8. Abortion Knowledge: Please make a general evaluation of your knowledge in the following areas:

Address _____ Phone _____