

VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & Street City State Zip Code

Phone # _____ **Social Security #** _____

Are you over 18 years old? ____ Yes ____ No **Today's Date:** _____

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, explain: _____

Education

High School: Number of Years Complete (circle one) 1 2 3 4 Diploma: ____ Yes ____ No G.E.D.: ____ Yes ____ No
School Name _____

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4 5 6 7

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 ____

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

3. As a Christian, what is the basis of your salvation? _____

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

Church name _____ Denomination _____

Address _____

Pastor's name _____

Phone# _____

Positions in which you have served _____

5. 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.

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

7. Have you ever counseled a woman who was considering an abortion? ____ Yes ____ No
Explanation)_____
8. Have you had any traumatic experiences relating to abortion? ____ Yes ____ No
(Explanation)_____
9. Have you ever known an unwed mother? ____ Yes ____ No
(Explanation)_____
10. Under what circumstances would you consider abortion as an alternative for a woman in a crisis pregnancy? (Circle all that apply)
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:
A. Knowledge of abortion methods? excellent____ good____ fair____ poor____
B. Knowledge of current laws concerning abortion? excellent____ good____ fair____ poor____
C. 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? ____ Yes ____ No
(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#	Years Acquainted	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

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 CareNet Pregnancy Medical Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release CareNet and any person or entity providing such reference information from any and 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 CareNet Pregnancy Medical Center, 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 CareNet Pregnancy Medical Center, 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 believe in chastity outside of marriage and in the sanctity of marriage between a man and a woman as taught in the Bible. Therefore, I commit to a lifestyle of sexual purity.

I further certify that I have read and that I am in full agreement with CareNet Pregnancy Medical Center's Statement of Faith and Statement of Principle.

Signature of Applicant _____

Date _____