



Volunteer Application

Please check most convenient time for you:

- 9:00 a.m. - 1:00 p.m. Mon. Tues. Wed. Thurs. Fri. Sat. (9 - 12)
- 1:00 p.m. - 5:00 p.m. Mon. Tues. Wed. Thurs. Fri.

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ Zip Code: _____

Birthdate: _____

Occupation: _____ Employer: _____

Marital Status: Single Married Widowed Separated Divorced

Spouse's Name: _____

Spouse's Occupation: _____

Children (Names and Ages) _____

Did you graduate from high school? Yes, Year _____ No

Did you graduate from college? Yes, Year _____ No

Special qualifications (advanced degree, counseling experience, etc.) _____

How does a person become a Christian? _____

When did you become a Christian? _____

Where is your church membership? _____

Pastor's name: _____

* Please submit a letter of recommendation from your pastor.

How frequently do you attend? _____

Are you comfortable sharing your personal faith in Jesus Christ? _____

Have you ever received training to share your faith in Jesus Christ? Yes No

What church, year, and type of program? _____

If not, are you willing to be trained in personal evangelism? Yes No

What role do you believe prayer plays in this ministry? _____

How does your spouse/family feel about your involvement in this kind of work? _____

Signature: _____

Date: _____

Do you prefer interaction in: Large group One-on-one?

Are there any personalities/socioeconomic backgrounds with whom you might have difficulty?

Yes No

If yes, which ones?

Have you experienced anything traumatic in the past year? Yes No

How have you dealt with it?

What was the outcome?

Briefly describe how you would advise a young woman experiencing a crisis pregnancy:

If selected, are you willing to make a four and one- half hour commitment each week to the Pregnancy Center? Yes No

If not chosen initially, would you serve as an alternate? Yes No

List three references with phone numbers:

1. _____
2. _____
3. _____

**** DO NOT WRITE BELOW THIS LINE ****

Interview Date: _____

Interviewed By: _____

Comments:

Director Approval: _____

Date: _____