

**VOLUNTEER APPLICATION**

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| |  |  |  |  | | --- | --- | --- | --- | | Full Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. | |  | Last | First | M.I. | | Address: | Click here to enter text. |  | Click here to enter text. | |  | Street Address |  | Apartment/Unit # | |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | |  | City | State | ZIP Code | | Date of Birth: | Click here to enter a date. | Cell Phone: | Click here to enter text. | | Marital Status: | Choose an item. | If Married, Spouse’s Name: | Click here to enter text. | | Occupation: | Click here to enter text. | Previous Occupation: | Click here to enter text. | | Education: | Click here to enter text. | Languages: | Click here to enter text. | | Email Address: | Click here to enter text. | | |   How did you first become aware of Choices Women’s Clinic?  Click here to enter text. |
| Briefly state what makes you interested in volunteering with the clinic.  Click here to enter text. |
| Do you consider yourself a Christian?  yes  no  What is a Christian?  Click here to enter text. |
| How long have you been a Christian?  Click here to enter text. |
| Give a brief description about how you came to know Christ as your personal Savior and Lord.  Click here to enter text. |
| How has your life changed since your personal relationship with Jesus Christ began?  Click here to enter text. |
| Please describe how you stay active and growing in your faith.  Click here to enter text. |
| Church membership: Click here to enter text. |
| Length of membership and involvement: Click here to enter text. |
| Pastor’s name: Click here to enter text. |
| Describe volunteer positions within your church/community you have served in or are currently serving. Click here to enter text. |
| List any special training, Biblical studies or educational experiences.  Click here to enter text. |
| Briefly state what you are interested in accomplishing at our clinic:  Click here to enter text. |
| How does your spouse/family feel about your involvement?  Click here to enter text. |
| Have you ever counseled a woman who was considering an abortion? Yes  No  Explain: Click here to enter text. |
| Have you ever had an abortion or had any traumatic experiences related to abortion? *(This information will be kept completely confidential)* Yes  No  Explain: Click here to enter text. |
| If so are you willing to attend the abortion recovery group offered before counseling a woman in an unplanned pregnancy?  Click here to enter text. |
| What special gifts, talents or personality traits do you bring to this ministry?  Click here to enter text. |
| What are your personal strengths?  Click here to enter text. |
| What areas need improvement?  Click here to enter text. |
| Are there any personality types that you have difficulty dealing with?  Click here to enter text. |
| Would it be difficult for you to work with other Christians of different theological beliefs?  Click here to enter text. |
| Please make a general evaluation of your knowledge in the following area:   * 1. Knowledge of how abortions are performed and methods used   excellent  good  fair  poor   * 1. Knowledge of existing laws regulating abortion   excellent  good  fair  poor   * 1. Knowledge of biblical teaching on the sanctity of human life   excellent  good  fair  poor |
| Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?  Click here to enter text. |
| Are you willing to share the gospel when appropriate? Click here to enter text.  Describe your experience in sharing the Gospel:  Click here to enter text. |
| Volunteering at Choices Women’s Clinic is spiritual warfare. How do you feel you will deal with this?  Click here to enter text. |
| The goal of Choices Women’s Clinic is to receive women who are experiencing an unplanned pregnancy by demonstrating love and providing them with information which will help them to make an informed decision about their pregnancy and the life of the unborn child. Do you agree with this approach? If so, please sign:  Name: Click here to enter text. Date: Click here to enter a date. |