

**VOLUNTEER APPLICATION**

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| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  |  |  | |  | Last | First | M.I. | | Address: |  |  |  | |  | Street Address |  | Apartment/Unit # | |  |  |  |  | |  | City | State | ZIP Code | | Date of Birth: |  | Cell Phone: |  | | Marital Status: |  | If Married, Spouse’s Name: |  | | Occupation: |  | Previous Occupation: |  | | Education: |  | Languages: |  | | Email Address: |  | | |   What location are you interested in serving:  (\_\_\_\_) Downtown location (\_\_\_\_) UCF area location (\_\_\_\_) No preference  How did you first become aware of Choices Women’s Clinic? |
| Briefly state what makes you interested in volunteering with the clinic. |
| Do you consider yourself a Christian?  yes  no  What is a Christian? |
| How long have you been a Christian?  Give a brief description about how you came to know Christ as your personal Savior and Lord. |
| How has your life changed since your personal relationship with Jesus Christ began? |
| Please describe how you stay active and growing in your faith. |
| List any special training, Biblical studies or educational experiences. |
| Briefly state what you are interested in accomplishing at our clinic: |
| How does your spouse/family feel about your involvement? |
| Have you ever counseled a woman who was considering an abortion? Yes  No  Explain: |
| Have you ever had an abortion or had any traumatic experiences related to abortion? *(This information will be kept completely confidential)* Yes  No  Explain: |
| If so, are you willing to attend the abortion recovery group offered before counseling a woman in an unplanned pregnancy? |
| What special gifts, talents or personality traits do you bring to this ministry? |
| What are your personal strengths? |
| What areas need improvement? |
| Are there any personality types that you have difficulty dealing with? |
| Would it be difficult for you to work with other Christians of different theological beliefs? |
| 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? |
| Are you comfortable and willing to share the gospel when appropriate?  Please describe how you would share the Gospel to a non-believer: |
| Volunteering at Choices Women’s Clinic is spiritual warfare. How do you feel you will deal with this?  If you are single (not married), are you committed to living a life of sexual purity as defined in God’s word?  If married, are you committed to living a life of sexual purity within your marriage as defined in God’s word? **CHURCH INFORMATION & REFERENCES**  1. Please provide the following information about your church:   Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Senior/Lead Pastor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. How long have you been involved in your church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Are you currently involved in a Bible study? 🞏Yes 🞏No   If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Describe positions you have held or services performed with the church.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please list the names and addresses of two people, other than your pastor, whom we may contact for references. Please include a personal reference, a spiritual reference or a job reference.   Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship/Association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship/Association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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