YOUR CHOICES
Your Loving Choices, Inc.

Volunteer Application

<u>YOUR CHOICES, Inc.</u> YOUR Loving CHOICES is a faith-based ministry promoting life as given from God, offering loving support to those facing unplanned pregnancies, providing education about the life-giving options of adoption and parenting, conveying God's healing to those traumatized by abortion, and advocating abstinence as the only true prevention of sexual crises.

Thank you for your interest in working with the Center. Feel free to attach additional sheets. This application will be kept confidential with only those involved in the hiring process.

All employees are expected to annually review and affirm his or her agreement with the Statement of Faith and Code of Christian Conduct as a condition of affiliation with the Center, both in terms of doctrinal belief and practical application.

Name_____ Birthdate_____/_____/_____

Address_____ City_____ State_____ Zip_____

Cell Phone _____ Email_____

Marital Status_____ Spouse's Name (if applicable)_____

General Information

1. What Other Ministries have you been involved with and what was your position there?

2. How does your spouse/family feel about the possibility of you working at Your Loving Choices, Inc?

3. Have you ever been convicted of a felony? Yes / No
   If so, please explain. A background check is mandatory for all applicants.

Experience/Gifts

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

2. What is your education background? Please list educational experience, special training, and Biblical studies.

3. Please list your strengths and weaknesses.

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

5. How do you resolve conflict/disagreement?

Personal Views

1. Under what circumstances would you consider abortion as an option for a woman in a crisis pregnancy?

   _____ Never an option _____ In cases of rape/incest

   _____ Life of the Mother _____Other (please explain)_____

2. What are your feelings about single parenting?

3. What are your feelings about adoptions? Are you currently seeking to adopt a child? Yes / No

4. When do you feel sexual activity is morally permissible?

5. What are your feelings about homosexuality?

6. What are your feelings regarding teenagers or adults who are single and sexually active using birth control? How would you counsel a single person who is wanting to use birth control; to prevent pregnancy?

Spiritual Background

1. Please share how you came to have a personal relationship with Jesus Christ.

2. How has your life changed since your personal relationship with Jesus Christ began?

3. Do you regularly attend church? If so, what is the name of the church you attend?

4. How long have you been at your church? In what areas/ministries are you involved in?

5. What are you habits that keep you centered around Christ?

6. Spiritual warfare is likely to occur when you become involved in a ministry of any kind. What are some things that you will do to be prepared to handle this type of warfare?

References

Please list three references that we will be contacting.

1. Personal

   Name_____ Phone_____

   Address_____ City_____ State_____ Zip_____

   How do you know this person? _____

2. Spiritual (non-relative)

   Name_____ Phone_____

   Address_____ City_____ State_____ Zip_____

   How do you know this person? _____

3. Professional

   Name_____ Phone_____

   Address_____ City_____ State_____ Zip_____

   How do you know this person? _____

Social Media: Your Loving Choices, Inc understands social media is used personally and professionally. However, please note that any social media presence can ultimately represent YLC positively and/or negatively. We seek to welcome individuals of high moral conduct and character that exemplifies a walk with Christ on our team.

Please provide the following usernames or handles if they are public:

Facebook: _____

X: _____

Instagram: _____

Other (please specify): _____

Medical Professionals Only, Please Complete this Page

1. What is your current occupation?

2. What is your experience in the medical field within the last two years?

3. How do you feel you can use your background in this ministry?

4. What days are you available?

5. Please list two additional references with addresses and telephone number.

   Name_____ Phone_____

   Address_____ City_____ State_____ Zip_____

   How do you know this person? _____

   Name_____ Phone_____

   Address_____ City_____ State_____ Zip_____

   How do you know this person? _____

<u>Center Medical/Insurance Waiver</u>: (If the center does not or cannot obtain volunteer coverage, volunteers must read and sign the form below.)

I understand that the center does not carry insurance that covers injury to a volunteer.

___ I carry adequate medical insurance, and I accept full responsibility for medical costs associated with an injury while volunteering at the center.

Name of Insurance Carrier: _____

___ I do not carry medical insurance, and I accept full responsibility for medical costs associated with an injury while volunteering at the center.

Signature: _____ Date: _____

I certify the information contained in this application is true, correct, and complete. I understand that, if chosen to volunteer, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant_____ Date_____