

Your Loving Choices

VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & Street City State Zip code

Home Phone # _____ Mobile Phone # _____

E-mail: _____

Date of Birth: Month _____ Day _____ Are you over 18 years old? ___Yes ___No

Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: ___Yes ___No
G.E.D.: ___Yes ___No

School name _____

2. 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 _____

Address _____

Employer _____ Date of employment: From _____ To _____

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 yes, 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 Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

6. In order to ensure a safe and welcoming environment for our clients, we require a copy of your PA Child Abuse History Clearance Report. Will you agree to provide Your Loving Choices with a copy of this clearance?
___ Yes ___ No ___ I would like to discuss this further.

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

8. Have you ever counseled a woman who was considering an abortion? ___ Yes ___ No

(Explanation) _____

9. Have you had any traumatic experiences relating to abortion? ___ Yes ___ No

(Explanation) _____

10. Have you ever known a single pregnant woman? ___ Yes ___ No

(Explanation) _____

11. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

_____ Never an option

_____ In cases of rape or incest

_____ In cases where the mother's life was in extreme peril

_____ In cases of extreme psychological distress

_____ Other (specify) _____

