

Staff and Volunteer Application Form

Name: _____ Age: _____ Today's Date: _____

Marital Status: _____ Email Address: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Employer: _____

How many hours are you available to work/volunteer per week? _____ Per Month? _____

Other? _____ Daytime best _____ Evening Best _____

Are you available to work on weekends occasionally? _____

Educational Background:

1. High School Name: _____ Year Graduated: _____

2. Tech. or Vocational School: _____ Year Graduated: _____

3. College Name: _____ Year Graduated: _____

Degree you received when you graduated and in what field? _____

Job Experience:

What kind of work (volunteer or otherwise) have you done in the last 5 years? _____

Hobbies:

What are your hobbies or interests (personal or family related)? _____

What area would you like to volunteer or apply for a position in?

_____ Counselor in Crisis Pregnancy Center

_____ Post-abortion Counseling

_____ Telephone Counselor

_____ Houseparent fill-in

_____ Teaching Crafts _____

_____ Teaching Other Classes _____

_____ Support Person for pregnant women

_____ Painting, yard work, cleaning, miscellaneous

_____ Newsletter (write, stuff envelopes, etc.)

_____ Office Work

_____ House new mother after baby is born (max 3 weeks)

_____ Other _____

Please answer the following questions as honestly and completely as possible:

1. Do you consider yourself a Christian? Yes____ No____ Explain: _____

2. What is a Christian? _____

3. Please provide the following information on your local church:
 Church Name _____ Address _____
 City _____ State _____ Zip _____ Phone _____
 What denomination is your church? _____
 Describe position held/services performed within the church: _____

 May we call your pastor for a reference? Yes _____ No _____
 Pastor's Name & Number: _____
4. What part does Jesus play in your life? _____

5. How important is prayer in your life? _____

6. How and when would you share your faith in Christ to the young mothers? _____

7. Do you feel comfortable praying with the young moms? _____
 If so, when and how would you do it? _____
8. Have you ever worked or volunteered for a church or ministry? _____
 If yes, explain: _____

9. What spiritual gifts would you bring to this ministry? _____

Personal Information

1. Do you smoke? _____ How much? _____
2. Describe your use of alcohol _____

3. Describe your housekeeping: Very orderly Orderly Little messy Messy Sloppy
4. What do you see as your strengths? _____
5. What do you see as some of your weaknesses? _____
6. Describe your personality: _____

7. What do you like to do with your free time? _____

8. How many children do you have? _____ Ages: _____

9. How would you describe your relationship with your children? Terrible Bad OK Good Excellent

Explain: _____

10. Describe your health and list any medications you take regularly. _____

Abortion Information

1. Have you had any traumatic experiences related to abortion? Yes No

Explain: _____

2. Do you consider yourself pro-life or pro-choice? _____

3. How would you describe abortion? _____

4. Do you feel abortion is ever justifiable? Yes No If so, when? _____

5. How would you respond if one of the single mothers came to you and said she had decided she wanted an abortion? _____

6. Please make a general evaluation of your knowledge in the following areas:

a. Knowledge of how abortions are performed/methods used to perform abortions.

Excellent Good Fair Poor

b. Knowledge of the existing laws regulating abortion.

Excellent Good Fair Poor

c. Knowledge of what the Bible teaches (directly or indirectly) about abortion?

Excellent Good Fair Poor

7. What are your feelings concerning birth control for singles? _____

8. Any other comments you feel you wish to express? _____

For office use only: