**VOLUNTEER APPLICATION**

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER & STREET CITY STATE ZIP CODE

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME EVENING CELL

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_No

**EDUCATION**

High School: Number of Years Completed (circle one) 1 2 3 4 Diploma: \_\_\_\_\_Yes \_\_\_\_\_No

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4 5 6 7

**Previous Volunteer Experience:** List most recent volunteer experiences first.

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History:** List most recent employment first.

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL** **INFORMATION**

1. What is your reason for seeking to volunteer here?

2. How does your spouse/family feel about your desire to volunteer?

3. Do you consider yourself a Christian? \_\_\_\_\_Yes \_\_\_\_\_No

If so, how long have you been a Christian?\_\_\_\_\_\_\_\_\_\_\_\_\_

4. As a Christian, what is the basis of your salvation?

5. Please provide the following information concerning your local church.

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Positions in which you have served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. This organization is a pro-life ministry. We believe that our faith in Jesus Christ

empowers us, enables us and motivates us to provide crisis pregnancy services in this

community. Please write a brief statement about how your faith would affect your

volunteer work at this center.

1. Do you have a daily devotion time? \_\_\_\_\_\_\_ Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you currently involved in Bible Study? \_\_\_\_Yes \_\_\_\_No

If yes, How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you consider to be your possible areas of weakness?

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

11. Have you had an abortion? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

12. Have you ever counseled a woman who was considering an abortion? \_\_\_\_\_\_\_\_\_

If yes, please explain.

13. Under what circumstances would you consider abortion as an alternative for a woman

with a crisis pregnancy?

\_\_\_\_\_ Never an option

\_\_\_\_\_ In cases of rape or incest

\_\_\_\_\_ In cases of where the mother’s life was in extreme peril

\_\_\_\_\_ In cases of extreme psychological distress

\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Have you ever known a single mother? \_\_\_\_

If yes, what were your feelings about her particular situation?

15. How do you feel about a single woman parenting her baby?

16. How do you feel about a woman placing her baby for adoption?

17. Are you currently or have you even been involved in seeking to adopt a child? \_\_\_\_\_\_\_

When do you feel sexual intercourse is morally permissible?

**REFERENCES**

Please list persons who are not related to you and who have known you for at least two years.

**Name Address Phone # Years Relationship Acquainted**

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(PASTOR)

*APPLICANT’S CERTIFICATION AND AGREEMENT*

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize First Option Care to verify their accuracy and to obtain reference information concerning my character and capabilities. I release First Option Care and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer at First Option Care, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and am in full agreement with First Option Care’s Statement of Faith and Statement of Principle.

**Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Statement of Faith

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

1. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
2. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through his shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
3. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that the salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works, e.g. baptism.
4. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.
5. We believe that those who are true Christians cannot completely or finally fall away from the Lord but shall persevere to the end and be eternally saved.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in our Lord Jesus Christ.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date