

## 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 volunteer per week? \_\_\_\_\_ Per Month? \_\_\_\_\_ Other? \_\_\_\_\_

Day best \_\_\_\_\_ Evening Best \_\_\_\_\_ Are you available to work on weekends occasionally? \_\_\_\_\_

### Educational Background:

1. High School Name: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

2. Tech/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(s) would you like to volunteer in?

\_\_\_\_\_ **Cook** (prepare meal weekly, biweekly, or monthly; then spend time with residents: games, craft, etc.)

\_\_\_\_\_ **Relief Houseparent** (overnights or day/evening shifts available; may include transporting residents)

\_\_\_\_\_ **Maintenance** (regular household repairs as needed)

\_\_\_\_\_ **Teach Class** (nutrition, lactation consult, health, parenting, relationship, pre-natal, child development, life skills, share testimony, crafts, knitting, facials, pedicures, tutor, or other: \_\_\_\_\_)

\_\_\_\_\_ **Mentor** ("Big Sister") for pregnant woman (weekly commitment)

\_\_\_\_\_ **Cleaning or Organizing Donations** (monthly, or bring a group/family 1-2 times per year to organize)

\_\_\_\_\_ **Office Support** (stuff newsletters, assist administrative staff)

\_\_\_\_\_ **Special Events** (assist in organizing a **fundraiser** or a drive for supplies; coordinate a **baby shower**; obtain tickets to local **community events** for residents/staff, **grant writing**, etc.)

\_\_\_\_\_ **Prayer Warrior** (commit to pray for P.C. regularly + meet with prayer team monthly at P.C.)

\_\_\_\_\_ **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: \_\_\_\_\_  
\_\_\_\_\_

Pastor's Name & #: \_\_\_\_\_ May we call for a reference? Y N

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: