



Confidential Volunteer Application

Personal Data Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

\_\_\_\_\_

Phone (home): \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ email: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Schedule \_\_\_\_\_

Degree(s): \_\_\_\_\_

Previous Occupations: \_\_\_\_\_

Student/Where? \_\_\_\_\_ Schedule \_\_\_\_\_

Marital Status/years: \_\_\_\_\_ Spouse Name & Occupation: \_\_\_\_\_

Children's name & age \_\_\_\_\_

Church membership/positions/responsibilities: \_\_\_\_\_

\_\_\_\_\_

Other Volunteer Experiences (outside the church): \_\_\_\_\_

\_\_\_\_\_



1. How would you like to be involved at the HC?

---

---

---

2. Summarize feelings on:

a) Abortion (include where you think life begins, etc.):

---

---

---

b) Would there be any exceptions to this? (deformity of fetus, rape, incest, etc.):

---

---

c) Single Parenting:

---

---

---

d) Getting married due to pregnancy:

---

---

---



e) Premarital sex (include your feelings on recommending birth control):

---

---

---

3. Please share your faith testimony:

---

---

---

4. How do you feel about sharing your faith with others?

---

---

---

5. What Spiritual gifts or talents would you bring to this organization?

---

---

---



References:

Please list two references in addition to your Pastor. A reference form may be sent to each person to be completed and returned. Thank you.

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

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

3. Pastor / other minister: \_\_\_\_\_

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

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

I will earnestly pray about where God wants me to serve Him. If I do commit to serving here at the Hope Clinic, I will commit to work for one year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Please check times available

	Monday	Tuesday	Wednesday	Thursday
9:00-12:30	_____	_____	_____	_____
1:00-4:30	_____	_____	_____	_____

How did you hear about us? \_\_\_\_\_

Please mark Volunteer Categories that interest you:

- \_\_\_\_\_ Care Coordinator
- \_\_\_\_\_ Nurse
- \_\_\_\_\_ Sonographer
- \_\_\_\_\_ Other medical experience or educational background, please specify: \_\_\_\_\_
- \_\_\_\_\_ Receptionist/Office
- \_\_\_\_\_ Group Facilitator-Post abortion
- \_\_\_\_\_ Your Church Liaison (educate your church, help coordinate Walk for Hope)
- \_\_\_\_\_ Prayer Warriors
- \_\_\_\_\_ Community Events-(USM Day, health fairs, etc.)
- \_\_\_\_\_ Other \_\_\_\_\_

The information in this application is true and correct to the best of my knowledge and that I will earnestly pray about where God wants me to serve Him.

\_\_\_\_\_  
Signature Date

Thank you for your time to complete the application. We will be in prayer about your volunteer ministry position at the Hope Clinic. When you mail or bring in this application, we can set up a time to talk about joining our staff. We appreciate your willingness to serve our Lord at the Hope Clinic. We need you and the talents God has given you.