

Volunteer Application

Last Name		First Name		MI
Address				
City			State	Zip
Home Phone (____) ____-____		Work Phone (____) ____-____		Cell Phone (____) ____-____
Email			Date of Birth ____/____/____	
Emergency Contact Person			Relationship	
Emergency Contact Phone				
EDUCATION				
College and/or Vocational School:				
School		Date	Degree Earned	
School		Date	Degree Earned	
List any special training, certifications, or educational experiences:				
EMPLOYMENT HISTORY: (List most recent employment experience first.)				
Employer		Dates: From _____ to _____		
Address				
Position / Duties				
Telephone		Supervisor Name		
Employer		Dates: From _____ to _____		
Address				
Position / Duties				
Telephone		Supervisor Name		
COMMUNITY INVOLVEMENT / VOLUNTEER EXPERIENCE				
Organization				
Address		Supervisor Name		
Position / Duties				
Telephone		Dates: From _____ to _____		
Organization				
Address		Supervisor Name		
Position / Duties				
Telephone		Dates: From _____ to _____		

ADDITIONAL INFORMATION

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

- Never an option In cases of rape/incest
 In cases of extremely severe psychological stress Other _____

Have you ever had an abortion? Yes No
(explanation)

Miscarriage? Yes No

Have you ever experienced sexual abuse/assault? Yes No
(explanation)

Are you currently or have you ever been involved in seeking to adopt a child? Yes No
(explanation)

Do you consider yourself a Christian? Yes No

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

(explanation)

Briefly share your salvation story.

Church Name

Church Address

Describe your church involvement.

Briefly state why you are seeking a Volunteer position at LifeCare.

REFERENCES

Please list persons who are not related to you and who have known you for at least two years. Include at least one pastor or church leader.

Name	Address	Phone #	Years Acquainted	Relationship
1.				
2.				

VOLUNTEER OPPORTUNITIES

At which center are you interested in volunteering? LIFECARE GATEWAY

In which areas:

- Administrative
 Client Advocate
 Post Abortion Care
 Sonographer
 Chaperone
 Nurse
 Prayer Team

VOLUNTEER QUALIFICATIONS

1. A commitment to Jesus Christ as Lord and Savior
2. Full agreement with LIFECARE's Statement of Faith, Statement of Principal, and Confidentiality Agreement.
3. Dependable, stable and capable of following through on commitments
4. A sincere desire to reach out to people with the love of Jesus Christ.
5. Currently involved in and attending church regularly.
6. The ability to adjust to a client's pace of progress and growth.
7. Knowledge of scripture, especially pertaining to the sanctity of human life, forgiveness, and salvation.
8. Ability to respect confidentiality.
9. Completion of the LIFECARE's volunteer training.
10. Willingness to attend volunteer in-services.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize LIFECARE to verify their accuracy and to obtain reference information concerning my character and capabilities. I release LIFECARE and any person or entity providing such reference based upon such information. I also understand my submission of this application does not guarantee my acceptance as a LIFECARE volunteer.

I agree to fully adhere to LIFECARE's policies and procedures. I further certify that I have read and that I am in full agreement with LIFECARE's Statement of Faith, Statement of Principle, and Confidentiality Agreement.

Signature of Applicant _____ Date _____

BY RETURNING THIS APPLICATION, YOU ARE GRANTING
LIFECARE PERMISSION TO CONDUCT
A BACKGROUND CHECK.