



Volunteer Information

First Name Last Name MI

Address

City State Zip

Home Phone () - Work Phone () - Cell Phone () -

Email

Emergency Contact Person Emergency Contact Telephone () -

How did you find out about us?

What is your reason for seeking to volunteer?

Personal and Family History

Birth Date Gender Race
Month / Day / Year Female Male
African American Asian Caucasian
East Indian Haitian Hispanic
Jewish Native American Other

Marital Status Married (Spouse's Name) Separated Single (includes currently divorced or widowed)

If single, what are your living arrangements? parents roommate(s) campus boyfriend other

Do you have children? Yes No If yes, how many? Do you have any children living at home? Yes No

Have you ever been convicted of a crime? Yes No

If yes, explain:

Church Involvement

Church Name Denomination

Address

Pastor's Name: Phone #: () -

Ministry position(s) in which you are currently serving:

Will you be able to provide current or previous ministry reference? Yes No

Do you have 2 - 5 people that can provide you with ongoing prayer support? Yes No

All questions on this form are designed to help us prepare you for areas of ministry in where you may best serve.

Significant Losses

Have you personally experienced a loss through Abortion? Miscarriage? Loss of a child or other loved one?

(explanation)

Have you personally experienced an unplanned pregnancy? Yes No OUTCOME:

Have you walked through one or more of the above with a friend or family member? Yes No

continued. . . .

Crisis Pregnancy Experience

Have you ever counseled a woman who was considering an abortion? Yes No

(explanation)

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

(explanation)

Under what circumstances would you consider abortion as an alternative for a pregnant woman?

Never an option In certain circumstances

Please list these circumstances:

When do you think sexual activity is morally permissible?

(explanation)

Core Beliefs

Have you read and agree with LifeCare's Statement of Faith? Yes No

If no, explain:

Have you read and agree with LifeCare's Statement of Principle? Yes No

If no, explain:

Volunteer Opportunities File Properties

Which center are you interested in volunteering with? LifeCare Pregnancy Center Gateway (college site)

Area(s) of Interest

<input type="checkbox"/> Abstinence Presenter	<input type="checkbox"/> Client Advocate	<input type="checkbox"/> PACE facilitator	<input type="checkbox"/> Sonographer
<input type="checkbox"/> Administrative	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Prayer Team	<input type="checkbox"/> Sonography Assistant
<input type="checkbox"/> Chaperone (sonography)	<input type="checkbox"/> Nurse	<input type="checkbox"/> Receptionist	<input type="checkbox"/> _____

Volunteer Job Description:

Objective of position: To reach out to those in the midst of unplanned, unexpected pregnancies and to those involved in premature sexual activity with unconditional physical, emotional, and spiritual support.

Qualifications:

1. A commitment to Jesus Christ as Lord and Savior
2. Full agreement with LifeCare's Statement of Faith and Principle
3. Dependable, stable and capable of following through on commitments
4. A sincere desire to reach out with the love of Jesus to people in distress
5. A basic understanding of human nature
6. An ability to recognize extra-Biblical values and not allow them to become a barrier in relating to a client
7. The ability to adjust to a client's pace of progress and growth
8. Knowledge of scripture, especially pertaining to the sanctity of human life, forgiveness, and salvation
9. Ability to respect confidentiality
10. Completion of the LifeCare volunteer training
11. Willingness to attend volunteer meetings

Most in-center volunteer positions require a commitment of 4 hours per week. Some variations on time may be negotiated with the Client Services Director or appropriate ministry staff. Training for all positions will be provided as well as continuing education through bi-monthly in-services and annual evaluations.

Do you wish to receive our monthly announcements by mail or email? Mail Email

Administrative Use Only

Assigned to:

KaB ___/___/___ JkB ___/___/___ WB ___/___/___ SsC ___/___/___ CmWH ___/___/___