



Empowering You for Life

Volunteer and Staff Application

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Cell Phone: _____ Marital Status: _____

Spouse's Name: _____ Occupation: _____

Children's Names: _____

Training and Gifts

1. How do you know that God is calling you to this ministry?

2. What special gifts, talents or personality traits will you bring to this ministry?

3. List any special training, areas of concentration, Biblical studies or educational experiences:

4. What are your strengths?

5. What areas need improvement or growth?

6. What energizes you and what drains you?

Christian Walk

1. Are you a Christian? Yes ___ No ___ For how long? _____
2. Please explain what it means to be a Christian to you.

3. Briefly give your testimony.

4. How has your life changed since becoming a follower of Jesus Christ?

5. Which church do you attend? _____

6. How long have you been involved at this church? _____ If less than 2 years, please give your previous church and address. _____

7. Current pastor's name: _____

8. Current church address: _____

9. Describe positions held and/or services performed within the church: _____

10. Are you currently involved in a Bible Study? Yes ___ No ___ If yes, please briefly describe it.

11. Do you have a regular devotion time? Yes ___ No ___ If yes, please briefly describe it

General Information

1. How did you hear about Davie Pregnancy Care Center?

2. Why do you want to be involved with Davie Pregnancy Care Center?

3. How does your spouse and/or family feel about your involvement with Davie Pregnancy Care Center?

4. Have you ever counseled a woman who was considering abortion? Yes ___ No ___

If yes, please explain.

5. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy? *Life of mother* ___ *Rape/Incest* ___ *Never an option* ___ *Other* ___

Please explain:

6. Have you ever personally experienced abortion? Yes ___ No ___ If yes, please explain and include any counseling you may have had.

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

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

9. Are you currently seeking to adopt a child? Yes ____ No ____

10. When do you feel sex is morally permissible?

11. How do you feel about sexually active teenagers and adults using birth control?

References

Please list the name, complete address, email address and phone number of a Christian leader who knows you well and two other persons who have known you for over a year.

Name: _____ Relationship: _____

Address: _____ City, State, Zip _____

Best Phone Number: _____ Email Address _____

Name: _____ Relationship: _____

Address: _____ City, State, Zip _____

Best Phone Number: _____ Email Address _____

Name: _____ Relationship: _____

Address: _____ City, State, Zip _____

Best Phone Number: _____ Email Address _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____