



## Volunteer Application

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Phone am \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone pm \_\_\_\_\_

DOB \_\_\_\_\_ DL # \_\_\_\_\_ e-mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse Name & work # \_\_\_\_\_ Dr. Name & # \_\_\_\_\_

Have you ever been arrested or convicted of a criminal activity? No Yes If yes, please explain:

All applicants selected for volunteer work at Alternatives will have a criminal records check performed.

### ***Training/Gifts***

1. What special gifts, talents or personality traits do you bring to this ministry?
2. What is your educational background? List any special training, Biblical studies, foreign languages or educational experience.
3. Describe two things you have enjoyed doing most in your life.
4. What are your strengths?
5. What are possible areas of weakness?
6. What personality types do you have difficulty working with?

### ***General Information***

1. What is your reason for getting involved at Alternatives?
2. What other ministries or organizations have you been involved with?
3. How does your spouse / family feel about this involvement?

4. What are your feelings concerning abortion for someone in an unplanned/unwanted pregnancy?
5. How do you feel about a woman releasing her child for adoption?
6. How do you feel about a single woman parenting her baby?
7. When do you feel sexual intercourse is morally permissible?
8. What are your feelings regarding birth control and teenagers or adults who are single and sexually active?
9. Do you believe sex before marriage could have any or all of the following consequences?  
 physical             emotional             spiritual
10. Which of the following areas are you interested in?  
 receptionist             advisor (working with client)             respite for maternity home  
 support ministries (sewing, mailings etc.)             RN/Medical            \_\_\_\_\_ Other
11. How many hours a week/month are you able to volunteer?

***Christian Walk***

1. Do you consider yourself a Christian? Yes No  
 If yes, please explain what it means to be a Christian.
2. How long have you been a Christian? \_\_\_\_\_ Please give a brief statement about how you came to Christ.
3. What Church do you attend? \_\_\_\_\_ Church phone # \_\_\_\_\_  
 Pastor's name \_\_\_\_\_
4. How long have you been involved at your church?
5. Are you currently involved in a Bible study?
6. Do you have a daily devotional time?
7. Volunteering at Alternatives will involve spiritual warfare. How will you deal with this?

***References:*** Please list two people (non family) we may contact for reference.

Name \_\_\_\_\_ phone # \_\_\_\_\_

Name \_\_\_\_\_ phone # \_\_\_\_\_

***Thank you for taking time to fill out this application.  
 If you are interested in being a peer advisor,  
 there will be a \$30.00 training fee to cover the cost of materials.***