



Application Form-Medical

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 or educational experience.
3. What areas of medicine do you specialize in?
4. How many years have you worked in the medical community?
5. Is your medical license current and up to date?
6. Have you participated in any Continuing Education classes recently and if so, what were the topics?
7. Describe two things you have enjoyed doing most in your life.
8. What are your strengths?
9. What are possible areas of weakness?
10. What personality types do you have difficulty working with?

General Information

1. What is your reason for getting involved at Alternatives?
2. How much time do you have available for ministry?
3. What other ministries or organizations have you been involved with?
4. How does your spouse / family feel about this involvement?
5. Under what circumstances, would you consider abortion as an alternative for a woman with a crisis pregnancy?
 never an option life of the mother rape/incest extreme stress
6. How do you feel about a woman releasing her baby for adoption?
7. How do you feel about a single woman parenting her baby?
8. When do you feel sexual intercourse is morally permissible?
9. What are your feelings regarding birth control and teenagers or adults who are single and sexually active?
10. Can you openly support Alternatives "abstinence only" belief as you interact with our clients?
11. Do you believe sex before marriage could have any or all of the following consequences?
 physical emotional spiritual
12. Please supply a clear record of your qualifications for this position. (Educational and experiential, using a separate page(s) if necessary.

Christian Walk

1. Do you consider your self 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 relatives) we may contact for reference that you have known for 5 years or more.

Name _____ phone # _____
Name _____ phone # _____

Thank you for taking time to fill out this application