



**VOLUNTEER APPLICATION FORM**

Date this application was filled out \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status  Single  Married  Widowed Spouse's Name \_\_\_\_\_

Emergency Contact (Name & Phone No.) \_\_\_\_\_

Do you have a family member that is a current client or was a client within the last 12 months?

Circle one: Yes No If yes, what is the client's name? \_\_\_\_\_

Previous volunteer experience, if any \_\_\_\_\_

Because The Hope Clinic is an interdenominational Christian organization, would you be willing to work and cooperate with other Christians whose doctrines may differ from your own?

Yes  No

Do you consider yourself a Christian?  Yes  No If yes, how long? \_\_\_\_\_

In your own words, give your definition of a Christian. \_\_\_\_\_

Please provide the following information about your church.

Church Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone No. \_\_\_\_\_

Please describe positions held or services performed within your church. \_\_\_\_\_

Have you had any formal education? (Please list any special training, biblical studies, or educational experience) \_\_\_\_\_

What made you interested in volunteering with The Hope Clinic? \_\_\_\_\_

How does your spouse/family feel about this? \_\_\_\_\_  
\_\_\_\_\_

If female, have you ever counseled a woman with a crisis pregnancy?   Yes     No  
How do you feel about abortion? \_\_\_\_\_  
\_\_\_\_\_

Are there any issues or events in your life that could affect your volunteer work? \_\_\_\_\_  
\_\_\_\_\_

If female, have you had an abortion?  Yes     No

\*Please note: Answers to this question are kept in the strictest of confidence. Our only objective in asking is to encourage potential volunteers to find hope and healing through our *Tender Mercies* post-abortion recovery program.

**Christian Testimony**

*Please tell us about your faith in and relationship with Jesus Christ, and your participation in a local church community. (Use a separate or additional sheet of paper, if necessary.)*

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Please list your personal strengths (don't be shy!) \_\_\_\_\_  
\_\_\_\_\_

Possible weaknesses (we all have them!) \_\_\_\_\_  
\_\_\_\_\_

Please give 2 references (*not relatives or your Pastor or Priest*).

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Have you been convicted of any criminal offense in the last seven years?   Yes   No  
(Conviction will not necessarily disqualify you from volunteering.)

If yes, indicate the nature of the offense, date, court and disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, understand that the information I have provided may be verified, if necessary, by contacting persons named on this form. I agree to release from liability any person or organizations that provide such information. I also understand and agree that The Hope Clinic may do further background checks on my personal driving record and criminal history (if any). I release The Hope Clinic from any responsibility of doing such a check. I understand that this information may be used to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer at The Hope Clinic, the Clinic may repeat these background checks at any time. By signing this form, I affirm that the information I have provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date