

ABORTION ALTERNATIVES AND WOMEN'S CENTER

VOLUNTEER APPLICATION

NAME _____ **DATE** _____

ADDRESS _____

HOME PHONE _____ **CELL PHONE** _____

EMPLOYMENT _____ **WORK PHONE** _____

MARITAL STATUS: **MARRIED** () **SINGLE** () **WIDOWED** () **DIVORCED** ()
 SEPERATED () **OTHER** _____

CHURCH ATTENDING _____ **PHONE** _____

CHURCH ADDRESS _____

PASTOR'S NAME _____

MAY WE CONTACT YOUR PASTOR CONCERNING VOLUNTEERING? YES__ NO__

IF YOU HAVE CHILDREN LIST NAMES AND AGES

_____/_____
NAME **AGE** **NAME** **AGE**

_____/_____
NAME **AGE** **NAME** **AGE**

1. How did you hear about AA&WC? _____

2. What prompted your interest in working with us at this time? _____

3. Are you a Christian and if so for how long? _____

4. Please share how you came to know Christ. _____

5. Who is Jesus Christ? _____

6. How have you shared the Gospel with others? _____

7. Have you ever counseled a woman or her partner in a crisis pregnancy situation?
Yes_ No_ If yes, explain _____

8. Under what circumstances, if any, would you consider abortion an alternative for a woman in
an crisis pregnancy? _____

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

10. How do you feel about a woman making an adoption plan for her baby? _____

11. Have you experienced (personally or family) any of the following?

Unplanned pregnancy-

explain _____

Miscarriage-

explain _____

Abortion-

explain _____

Adoption-

explain _____

12. Based on your study of Scripture what do you understand about:

Sexual purity _____

Life in the Womb _____

Abortion _____

13. What books, films or other materials have you read or seen relating to crisis pregnancy, abortion or sexual abstinence? _____

14. What are your concerns about volunteering with AA&WC? _____

15. Is there anything you are experiencing personally which might interfere with your ability to be effective in this ministry? _____

16. How does/do your spouse, parents, children and or roommate(s) feel about you being and AA&WC volunteer? _____

17. There is often a cultural distinction between us and our clients. Are you able to recognize this and relate to those who believe differently than you? Yes__ No__

18. What are your current commitments? How will the additional requirements as an AA&WC volunteer affect you? _____

19. List your experiences working with youth/young adults, and or passed jobs that could be useful to our center? _____

20. Have you ever volunteered for a crisis pregnancy center before? If yes, provide the following:
 Name _____
 Address _____
 Phone _____ Name of Supervisor _____
 Date of Service _____

Please List References Below

NAME RELATIONSHIP PHONE MAILING ADDRESS

1) Pastor

2) Relative

3) Employer(Former)

4) Other

Ref.1 Sent on _____ By: _____	Ref.2 Sent on _____ By: _____	Ref.3 Sent on _____ By: _____	Ref.4 Sent on _____ By: _____
Ref.1 Received on _____ Reviewed by: _____	Ref.2 Received on _____ Reviewed by: _____	Ref.3 Received on _____ Reviewed by: _____	Ref.4 Received on _____ Reviewed by: _____