

VOLUNTEER APPLICATION

Name:	Phone: (day)
Address:	(evenin)
	Zip:

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. Describe five things you have enjoyed doing most in your life from age five until now. Describe what you did well and what made you enjoy it. Describe each experience in a few sentences.

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- 4. What are your strengths?
- 5. What are your weaknesses?
- 6. What personality types do you have difficulty working with?
- 7. How do you resolve conflict/disagreement?

General information

- 1. How did you hear about CareNet?
- 2. What is your reason for getting involved with CareNet?

3. What other ministries or organizations have you either been a lay counselor for or been involved with?

4. How does your spouse/family feel about this involvement?

5. Have you ever counseled a woman who was considering an abortion? Yes No If yes, please explain.

6. Have you ever known a single mother? Yes No If yes, what were your feelings about her particular situation?

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7. Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?

- never an option
- life of the mother
- ____in cases of rape/incest
- in cases of extreme psychological stress ____other (please explain)
- 8. Knowledge of abortion risks: __excellent __good __fair __poor

Knowledge of existing laws regulating abortion: ___excellent ___good ___fair ___poor

9. Please list any books, films, or other materials that you have read or viewed that relate to abortion.

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

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

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

13. When do you feel sexual intercourse is morally permissible?

14. What are your feelings regarding birth control and teenagers or single adults and sexually active?

15. Have you ever had an abortion? Yes No

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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 (testimony) about how you came to know Christ as your personal Lord and Savior.

3. How has your life changed since your personal relationship with Jesus Christ began?

4.	What church do you attend?		
	Denomination	Phone	_
	Address	Zip	_
	Pastor/Clergy		-
5.	How long have you been involved with your ch Are you currently involved in a Bible study? Y If yes, how long?		
6.	Do you have a daily devotional time? Yes No Briefly describe.)	

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7. Volunteering at the CareNet Pregnancy Center is spiritual warfare. How do you feel you will personally deal with this?

References

Please list the name of your Pastor/Clergy and the names and addresses of two other people who would provide a reference for you. Please send one of the attached forms to each person listed. They should return it to the Center in a sealed envelope.

Pastor	
Reference #1	
Reference #2	
_	

OFFICE USE ONLY	***************************************
Date of Interview	Pastoral reference/_/
Date Began at Center	Reference #1//
Date Left Center	Reference #2//
<u>Comments:</u>	