



VOLUNTEER APPLICATION

Area of Interest: ___ Preg Center ___ Abortion Recovery ___ Admin/Events ___ Other

Center Location: ___ Teq ___ WPB-N ___ WPB-C ___ Lantana ___ Belle Glade ___ Boca

Name: _____ DOB: ___ / ___ / ___ DATE: ___ / ___ / ___

Address: _____ City: _____ Zip: _____

Phone:(h) _____ (c) _____ E-mail: _____

Spouse's name: _____ Occupation: _____

Proficiency in any other language: _____

Occupation/Skills: _____

Hobbies/ interests: _____

Education: _____

Trainings, Biblical studies, or relevant experience: _____

Previous volunteer experience _____

Previous counseling experience: _____

Why are you interested in volunteering at First Care?: _____

What are your personal strengths? _____

What are your areas of weakness? _____

Have you ever counseled a woman who was considering abortion? ___ Yes ___ No

Explain: _____

Have you had an abortion, or been involved in an abortion? ___ Yes ___ No

How did this experience affect you?: _____

Describe how you came to know Christ and how your life has changed as a result.

d

Volunteering at First Care is spiritual warfare! How will you deal with this?

CHURCH AFFILIATION

Church name: _____

Address: _____

City: _____ Zip: _____

Pastor's Name: _____

Phone: _____ Length of attendance at this church: _____

Describe positions held, services performed, areas of involvement within the church:

Name of church leader that we may contact for reference: _____

Address & phone if different: _____

If this is a new church for you, what other churches have you belonged to: _____

REFERENCES

Personal references must be people who are not related to you. Address is required so that written reference form can be sent out.

1. Name: _____ Phone: _____

Address: _____

How long have they known you? _____ Relationship to you? _____

2. Name: _____ Phone: _____

Address: _____

How long have they known you? _____ Relationship to you? _____

BELIEFS INVENTORY

Agree

Disagree

I believe adoption is a morally acceptable option.

I believe adoption is usually harmful to the child.

I believe it is always best for a baby to be raised by the birth-parents.

I believe that pregnant unmarried singles should marry.

I believe that single parenting is an acceptable choice.

I believe if singles are going to be sexually active they should use birth control.

I believe it is morally acceptable for monogamous singles to have sex.

I believe that saving sex until marriage is possible in today's culture

I believe all religions are equal.

I believe abortion is morally acceptable under certain circumstances.

I believe abortion is never an option.

I believe that to protect women, abortion should remain legal.

For Office Use Only

Date application received: _____ Orientation Attended: yes no Date:

Received by: _____ Forwarded to (if applicable): _____

Record of Contacts:

____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	Unable to contact letter sent