

Crisis Pregnancy Clinic of Southern California

VOLUNTEER APPLICATION

GENERAL INFORMATION:

Name: _____ Date: _____

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work/volunteer record? Yes No If yes, please explain: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email address: _____

Social Security Number: _____

Are you over eighteen years of age? Yes No Can you show proof of age? Yes NO

VOLUNTEER ELIGIBILITY:

Have you ever been convicted of a felony (including while in the military)? Yes No If yes, explain _____

Can you perform (all specified task)? Yes No If No, explain: _____

A photo ID is required after acceptance to volunteer.

EDUCATION:

College: _____ Years attended: _____

Major: _____ Degree: _____

Post Graduate: _____ Years attended: _____

Major: _____ Degree: _____

Please list other relevant education such as seminars, training programs, Bible School, etc.: _____

VALUES & BELIEFS:

Do you consider yourself a Christian? ___Yes ___ No What does it mean to be a Christian? _____

How and when did you become a Christian? _____

What was your life like before you met Jesus Christ? _____

Are you committed to a local church? ___ Yes ___ No If so, for how long? _____

Name of church: _____

Denomination: _____ Are you a church member? ___Yes ___ No

If no, please explain: _____

Have you spoken with your pastor about your interest in volunteering at Avenues? ___ Yes ___ No

If so, what was his response? _____

Pastor's name: _____ Phone: (_____) _____

May we contact your Pastor? ___ Yes ___ No If no, please explain: _____

Please list current church involvement/commitments: _____

What other ministries/organizations have you been associated with and in what capacity? _____

Do you sense God calling you to this ministry? Explain: _____

Do you have a daily devotional time? Yes No Please explain: _____

What is the Lord doing in your life now? _____

Serving at Avenues will subject you to spiritual attack. How will you deal with this? _____

Do you believe in our Statement of Faith (attached)? Yes No If no, please explain: _____

Do you believe in and will you abide by our Statement of Principle (attached)? Yes No If no, please explain: _____

MINISTRY-RELATED KNOWLEDGE, BELIEFS, & EXPERIENCE:

Knowledge about abortion:

Knowledge of how abortions are performed and the accompanying risks:

EXCELLENT GOOD FAIR POOR

Knowledge of how babies develop in the womb:

EXCELLENT GOOD FAIR POOR

Knowledge of the existing laws regulating abortion:

EXCELLENT GOOD FAIR POOR

Knowledge of what the Bible teaches about abortion:

EXCELLENT GOOD FAIR POOR

Please list any books, films, or other materials that you have read or viewed related to abortion or pregnancy: _____

Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

In cases of rape/incest

In cases of extreme, severe psychological stress

When the life of the mother is in danger

Other: _____

Have you ever had an abortion? ___Yes ___ No If yes, please explain:

Have you been closely involved with anyone who had an abortion? ___Yes ___ No If yes, please explain:

Have you ever counseled a woman who was considering an abortion? ___Yes ___ No If yes, please explain:

Have you ever known an unwed mother? ___ Yes ___ No If yes, please explain: _____ -

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

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

Are you currently seeking to adopt a child? ___Yes ___ No If yes, please explain _____

When do you feel sexual intercourse is morally permissible? _____

What are your feelings regarding birth control use by singles that are sexually active? _____

PERSONAL STRENGTHS & SKILLS: Please rate yourself in the following areas:

ENGLISH:

___ VERY STRONG ___ STRONG ___ CAPABLE ___ NOT AT ALL

SPANISH:

___ VERY STRONG ___ STRONG ___ CAPABLE ___ NOT AT ALL

LIST OTHER LANGUAGES: _____

___ VERY STRONG ___ STRONG ___ CAPABLE

ORGANIZATION:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

ATTENTION TO DETAIL:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

COMPUTER PROFICIENCY (Especially Microsoft Word, Excel, Quicken, and Email):

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

COMFORT WORKING WITH OTHERS:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

PROBLEM SOLVING:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

GRACE UNDER PRESSURE:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

TELEPHONE COMMUNICATION:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

WRITTEN COMMUNICATION:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

PUBLIC SPEAKING:

____ VERY STRONG ____ STRONG ____ CAPABLE ____ NOT STRONG

Briefly state why you are interested in serving with Avenues: _____

What skills and gifts would you bring to this ministry? _____

What do you anticipate enjoying most about serving in this position? _____

How do you resolve conflict/disagreement? _____

How do you respond to supervision, evaluation and leadership? _____

If you are selected to fill this position, when are you available to begin? _____

If you are selected to fill this position, can you commit to 4 hours once a week? Yes _____ No _____

Circle 2 preferred days and time (check 1st or 2nd choice)

Mon. 9:30-1:30 or 1:00-5:00 1st _____ 2nd _____
Tue. 9:30-1:30 or 1:00-5:00 1st _____ 2nd _____
Wed. 9:30-1:30 or 1:00-5:00 1st _____ 2nd _____
Thu. 9:30-1:30 or 1:00-5:00 1st _____ 2nd _____
Fri. 9:30-1:30 or 1:00-5:00 1st _____ 2nd _____

REFERENCES:

Please list three Christians who would be able to give a character reference for you (including your pastor):

Name: _____

Address: _____

Phone: (____) _____ Years Acquainted: _____ Relationship: _____

Name: _____

Address: _____

Phone: (____) _____ Years Acquainted: _____ Relationship: _____

Name: _____

Address: _____

Phone: (____) _____ Years Acquainted: _____ Relationship: _____