



## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Schedule \_\_\_\_\_

Degrees: \_\_\_\_\_ Previous Occupation : \_\_\_\_\_

Student: \_\_\_\_\_ Address: \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Child/Children's Name & Age: \_\_\_\_\_

Church membership/positions /responsibilities \_\_\_\_\_

Other Volunteer Experiences (outside the church): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you like to be involved at HC?

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**Summarize feelings on:**

1. Abortion (include where you think life begins, etc):

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2. Would there be an exception to this? (deformity of fetus, rape, incest, etc):

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3. Single Parenting:

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4. Getting married due to pregnancy:

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5. Premarital sex (include your feelings on recommending birth control):

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6. Please share your faith testimony

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7. How do you feel about sharing your faith with others?

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8. What Spiritual gifts or talents would you bring to this organization?

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## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor/Other  
Minister:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please Check Times Available

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>9:00 – 12:30</b>					
<b>12:50 – 4:30</b>					

## Please Mark Volunteer Position that Interests You

Care Coordinator	Nurse	Sonographer	Receptionist/ Office	Post Abortion Group	Church Liason (be our voice at your church)	Prayer Warrior	Connections

Other: \_\_\_\_\_

## Signature

*I will earnestly pray about where God wants me to serve Him. If I commit to serving at Hope Clinic, I will commit to working for one year.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Thank you for your time in completing the application. We will be in prayer about your volunteer ministry position at Hope Clinic.

When you email or bring by this application, we will set up a time to meet with our Executive Director Karen Sims to discuss joining our Hope Clinic Team. We appreciate your willingness to serve our Lord with us. We need you and the talents God has given you!