



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
First Last 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 H.C.?

Summarize feelings on:

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

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

3. Single Parenting:

4. Getting married due to pregnancy:

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

6. Please share your faith testimony

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

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

References

Please list three professional references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Pastor/Other
Minister:

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

We are grateful for your willingness to serve. We ask that anyone volunteering in the clinic commit to one-half day with a year commitment, including summer, when not on vacation. This commitment helps us schedule appointments and keeps our volunteers fresh after training. Training usually takes up to three months before seeing patients without supervision. Also, the day of the week for the initial training could differ from the day we need you to serve. We will be flexible to work this out. You can refer to the application to mark the preferred dates that you can volunteer. We aim to have one volunteer per shift as they work alongside the staff. After your initial meeting with me, the Clinic Manager will provide more scheduling details and shift needs.

Please Check Times Available

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 12:30					
12:50 – 4:30					

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	Flourish Mentor

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 this application, the next step is to set up a meeting with our Executive Director to discuss joining our Hope Clinic Team. If able, email your application to karen@hopeclinicms.com We appreciate your willingness to serve our Lord with us. We need you and the talents God has given you!