



## Volunteer Application

### Applicant Information

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

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

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

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

Employer/Occupation: \_\_\_\_\_ **DOB:** \_\_\_\_\_

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.?

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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: \_\_\_\_\_

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
<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	Flourish Mentor

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

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**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](mailto:karen@hopeclinicms.com) We appreciate your willingness to serve our Lord with us. We need you and the talents God has given you!