

Life Choices and My Choice Medical Clinic Volunteer Application

Name: _____ How did you hear about us? _____
Address: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Occupation: _____ Birth Date: _____ Marital Status: _____

Previous Volunteer Experience and Dates of Service : _____

Are you a Christian? Yes ___ No ___ How long have you been a Christian? _____
What lead you to become a Christian? _____

Provide the following information on the church that you attend.

Church Name Address and Phone: _____
Pastor's Name: _____
Describe any positions held or services performed within your church: _____

How long have you been in attendance? _____ May we call your Pastor for a reference? Yes ___ No ___

Please provide the following information about yourself.

What is the extent of your formal education? _____
List any special training, Biblical studies or educational experiences: _____

Briefly state why you are interested in Volunteering at My Choice Medical Clinic: _____

How does your spouse/family feel about your involvement? _____

Please provide information on your abortion awareness.

Have you ever given counsel to a woman considering abortion? Yes ___ No ___
Explain: _____
When someone tells you they have had an abortion what is your first thought? _____

Have you had any traumatic experiences related to abortion? Yes ___ No ___
Explain: _____

Have you ever known a post abortive woman Yes ___ No ___
Explain: _____

Under what circumstance would you consider abortion as an option for a woman in a crisis pregnancy?

Never ___ Rape/Incest ___ Life/Health of Mother ___

How would you rate your knowledge about:

A. How abortions are performed?
Excellent ___ Good ___ Fair ___ Poor ___

B. Laws regulating abortion?
Excellent ___ Good ___ Fair ___ Poor ___

C. What the Bible teaches (directly or indirectly) about abortion?
Excellent ___ Good ___ Fair ___ Poor ___

What special gifts, talents, or personality traits would you bring to this ministry? _____

What are your personal strengths? _____

What are your areas of weakness? _____

Do you have difficulty working with any specific personality types? _____

What is your dream ministry opportunity? _____

Where would you be best fitted as a Life Choices/My Choice Medical Clinic Volunteer? (Please check all that apply)

Butler Clinic Indiana Clinic Kittanning Clinic Life Choices Admin Office (Kittanning)

Client Services

- Receptionist
- Prenatal/Parenting Consultant
- Crisis Pregnancy intervention Consultant
- Volunteer nurse
- Boutique Support
- Fix it Projects
- Clinic Cleaning

Administrative

- Fund Raising and Development
- Teen Care Presentations
- Special Projects Volunteer
- Grant Writing
- Book Keeping/Accounting
- Public Speaking

Please list 3 Personal, business or church References. (name, address, phone number):

1. _____
2. _____
3. _____

Please add any additional information that would be useful.