

MEDICAL DIRECTOR APPLICATION

Today's Date _____

Name _____ Phone _____

Address _____ Cell Phone _____

_____ E-mail _____

Age _____ Birth Date _____

Spouse's Name _____ Children's Name and Ages _____

Training/ Gifts

1. What is your educational background? List medical training and include a copy of medical license.
2. What is your area of medical training?

General Information

1. How did you hear about Alpha's Glory?
2. What is your reason for getting involved in the Crisis Pregnancy Center?
3. In what other ministries or organizations have you been involved?
4. Have you ever counseled a woman who was considering abortion? ____ Yes ____ No
(If yes, please explain)
5. Have you experienced an abortion yourself? ____ Yes ____ No
(If yes, have you gone through a post-abortive Bible Study? Please explain)

6. Under what circumstances, if any, would you consider an abortion as an alternative for a woman with a crisis pregnancy?

☐ Never an option

☐ Life of the mother

☐ In cases of rape/ incest

☐ Extreme psychological stress

☐ Other (please explain)

Christian Walk

1. Do you consider yourself a Christian? ☐ Yes ☐ No (Explain what it means to be a Christian)

2. How long have you been a Christian? Please give a brief testimony how you came to know Christ as your personal Savior.

3. What church do you attend? _____

Denomination _____ E-Mail _____

Address _____ Pastor's name _____

Phone _____

References

Please list the name of your pastor and the name of someone in the medical field that knows you, and one other person (not related to you) that we may contact for references.

1. Pastor _____

Address _____ Street _____ City _____ State _____ Zip _____

Phone _____

2. Name _____

Address _____ Street _____ City _____ State _____ Zip _____

Phone _____

3. Name _____

Address _____ Street _____ City _____ State _____ Zip _____

Phone _____