



## VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_ Office \_\_\_\_\_ Client Advocate \_\_\_\_\_ Board Member

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Children's Name and Ages \_\_\_\_\_

### Training/ Gifts

1. What special gifts, talents or personality traits do you bring to this ministry?
2. What is your educational background? List any special training, biblical studies, or educational experience.
3. What are your strengths?
4. What are possible areas of weaknesses?
5. What personality types do you have difficulty working with?
6. How do you resolve conflicts or disagreements?

### 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. How does your family feel about your involvement in Alpha's Glory?
  
5. Have you ever counseled a woman who was considering abortion?  Yes  No  
(If yes, please explain)
  
6. Have you experienced an abortion yourself?  Yes  No  
(If yes, have you gone through a post-abortive Bible Study? Please explain)
  
7. Have you ever known a single mother?  Yes  No  
(If yes, what were your feelings about her situation?)
  
8. 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)
  
9. What are your feelings on adoption?
  
10. Are you currently seeking to adopt a child?  Yes  No
  
11. When do you feel sexual intercourse is morally permissible?
  
12. What are your feelings regarding birth control and teenagers or adults who are single and sexually active?

## **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 \_\_\_\_\_

4. How long have you been involved at your church?  
Do you currently attend a Bible Study? \_\_\_\_\_ Yes \_\_\_\_\_ No For how long? \_\_\_\_\_

5. Do you have daily devotional time? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Volunteering at the Crisis Pregnancy Center can be a spiritual warfare. How will you personally handle this?

### References

Please list the name of your pastor and the names of two other people (not related to you) that we may contact for references.

1. Pastor \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION**