



Date _____

VOLUNTEER APPLICATION
(All information is confidential)

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone (hm) _____ (wk) _____ (cell) _____

E-mail _____ Availability _____

Marital Status (circle one) Single, Never Married Married Divorced Widowed Separated

Who currently resides with you? _____

Children (names and ages) _____

Current Employment _____

Occupation _____ Hours Employed _____

Previous Occupations _____

Formal training _____

Area of Concentration _____

Special skills _____

Other Volunteer Experience _____

Do you consider yourself a Christian? (circle) Yes No If yes, how long have you been a Christian? _____

Explain what this means to you.

Please provide the following information on the local church you attend:

Church Name _____ Address _____

City _____ Pastor's Name _____ Phone _____

Years Attended _____ Are you a member? _____ Is your church Pro-Life? _____ Is your Pastor Pro-Life? _____

Positions you have held/services performed within the church _____

How did you find out about ALPHA Center? _____

Briefly state why you are interested in volunteering at ALPHA Center _____

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

Sexual Abstinence Knowledge

Do you know what the Bible teaches on Sexual Abstinence or Purity? _____

What is your position on pre-marital sex? _____

Personal Abortion Knowledge: (Check your level of knowledge)

How abortions are performed or abortion methods: Good ____ Fair ____ Poor ____

The existing laws regulating abortion: Good ____ Fair ____ Poor ____

What the Bible teaches on abortion and life: Good ____ Fair ____ Poor ____

Have you experienced an abortion? Explain _____

Have you personally chosen abortion? Explain _____

In what case would you consider abortion as a choice?

Rape/incest ____ Severe psychological stress ____ Retarded or deformed fetus ____ Other _____

Personal Adoption Knowledge

Have you personally experienced adoption? Explain _____

Has someone close to you chosen adoption? _____

Preferred Working Environment (check all that apply to your interest)

With a group ____ One to One ____ As a team ____ One man task ____

Personality types you find difficult to work with _____

Special gifts, talents, or personality traits _____

Personal strengths _____

Possible areas of weakness _____

How are you with confrontation? _____

What makes you angry and how do you deal with it? _____

Your References:

1. Your Pastor _____

Address _____ Phone _____

2. Education or work referral: _____

Address _____ Phone _____

3. Family or Friend referral: _____

Address _____ Phone _____