



VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone #: _____ Date of Birth: ____/____/____

Email: _____

Are you over 18 yrs old? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

What is your reason for seeking to volunteer here? _____

Do you consider yourself to be a Christian? Yes No

If yes, how long have you been a Christian? _____

As a Christian, what is the *basis* for your salvation? _____

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

Have you ever counseled a woman who was considering an abortion? Yes No

If yes, explain: _____

Have you had any traumatic experiences relating to abortion? Yes No

If yes, explain: _____

Have you ever known a single pregnant woman? Yes No

If yes, explain: _____

Do you have any personal experience with adoption? Yes No

If yes, explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Sav-A-Life Family Hope Center to verify their accuracy. If I become a volunteer at the Center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the Center, and I am not seeking, nor expecting, to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

Signature of Applicant: _____ Date: ____/____/____