

**VOLUNTEER APPLICATION**

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| Full Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Last | First | M.I. |
| Address: | Click here to enter text. |  | Click here to enter text. |
|  | Street Address |  | Apartment/Unit # |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | City | State | ZIP Code |
| Date of Birth: | Click here to enter a date. | Cell Phone: | Click here to enter text. |
| Marital Status: | Choose an item. |  If Married, Spouse’s Name: | Click here to enter text. |
| Occupation: | Click here to enter text. | Previous Occupation: | Click here to enter text. |
| Education:  | Click here to enter text. | Languages: | Click here to enter text. |
| Email Address: | Click here to enter text. |

How did you first become aware of Education for Life? Click here to enter text. |
| Briefly state what makes you interested in volunteering with Education for Life.Click here to enter text. |
| Do you consider yourself a Christian? [ ]  yes [ ]  no  |
| Give a brief description of how you came to know Christ as your personal Savior and Lord.Click here to enter text.How has your life changed since your personal relationship with Jesus Christ began?Click here to enter text. |
| Please describe how you stay active and growing in your faith.Click here to enter text. |
| Church membership: Click here to enter text. |
| Length of membership and involvement: Click here to enter text. |
| Pastor’s name: Click here to enter text. |
| Describe volunteer positions within your church/community you have served in or are currently serving. Click here to enter text. |
| List any special training, Biblical studies or educational experiences.Click here to enter text. |
| There are many volunteer opportunities at Education for Life. Briefly state what area(s) you would be interested in serving.Click here to enter text. |
| How does your spouse/family feel about your involvement?Click here to enter text. |
| Have you ever counseled a woman who was considering an abortion? Yes [ ]  No [ ] Explain: Click here to enter text. |
| Have you ever had an abortion or had any traumatic experiences related to abortion? *(This information will be kept completely confidential)* Yes [ ]  No [ ] Explain: Click here to enter text. |
| If so are you willing to attend our abortion support group offered before counseling a woman in an unplanned pregnancy? Click here to enter text. |
| What special gifts, talents or personality traits do you bring to this ministry?Click here to enter text. |
| What are your personal strengths?Click here to enter text. |
| What areas need improvement?Click here to enter text. |
| Are there any personality types that you have difficulty dealing with?Click here to enter text. |
| Would it be difficult for you to work with other Christians of different theological beliefs?Click here to enter text. |
| Please make a general evaluation of your knowledge in the following areas:* 1. Knowledge of how abortions are performed and methods used

[ ]  excellent [ ]  good [ ]  fair [ ]  poor* 1. Knowledge of existing laws regulating abortion

[ ]  excellent [ ]  good [ ]  fair [ ]  poor* 1. Knowledge of biblical teaching on the sanctity of human life

[ ]  excellent [ ]  good [ ]  fair [ ]  poor |
| Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?Click here to enter text. |
| Are you willing to share the gospel when appropriate? Click here to enter text.Describe your experience in sharing the Gospel:Click here to enter text. |
| References: Please list persons who are not related to you and who have known you for at least two years, including your pastor. |
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| Reference 1: | Click here to enter text. | Click here to enter text. |  Click here to enter text. |
|  | First Name | Last Name | Address |
|  | Click here to enter text. | Click here to enter text. |  Click here to enter text. |
|  | Phone # | Years Acquainted | Relationship |
| Reference 2: | Click here to enter text. | Click here to enter text. |  Click here to enter text. |
|  | First Name | Last Name | Address |
|  | Click here to enter text. | Click here to enter text. |  Click here to enter text. |
|  | Phone # | Years Acquainted | Relationship |
| Reference 3: | Click here to enter text. | Click here to enter text. |  Click here to enter text. |
|  | First Name | Last Name | Address |
|  | Click here to enter text. | Click here to enter text. |  Click here to enter text. |
|  | Phone # | Years Acquainted | Relationship |

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Education for Life to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Education for Life and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to Education for Life to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at Education for Life, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of Education for Life, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer servicesSignature of applicant: Click here to enter text. Date: Click here to enter a date. |
| *Please complete this form and email it to us at* *info@wpcocala.com* *or print and drop it off at our office: 1701 E Silver Springs Blvd., Ocala, FL, 34470.* |