

LOVING CHOICES

PREGNANCY CENTERS OF NORTHWEST ARKANSAS

VOLUNTEER APPLICATION

TODAY'S DATE: ___/___/___

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

OCCUPATION: _____

EMPLOYER: _____

HIGHEST LEVEL OF EDUCATION: _____

LANGUAGES SPOKEN: _____

AGE: _____ DATE OF BIRTH: _____

MARITAL STATUS *(circle that which applies):*

Single

Married

Widowed

Divorced

SPOUSE'S NAME *(if applicable):* _____

CHILDREN *(circle that which applies):* YES NO

If yes, how many: _____ *Ages:* _____

WHAT CHURCH DO YOU ATTEND:

HOW DID YOU HEAR ABOUT THE CENTER:

WHICH AREAS OF SERVICE INTEREST YOU *(circle that which applies):*

Crisis Counselor

Care Center Counselor

Volunteer Nurse

Care Center "Mommy Boutique" Volunteer Special Projects Handyman

WHICH LOCATION DO YOU PREFER *(circle that which applies):*

ROGERS

FAYETTEVILLE

WHEN DO YOU PREFER TO VOLUNTEER *(circle that which applies):*

MON AM TUES AM WED AM THR AM FRI AM SAT AM

MON PM TUES PM WED PM THR PM FRI PM SAT PM

(Both Centers are only open M-Th)

WHAT ARE YOUR HOBBIES AND INTERESTS: _____

LIST ONE PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

CITY: _____ *ZIP CODE:* _____

DAYTIME TELEPHONE: _____

DESCRIBE HOW YOU KNOW YOUR REFERENCE:

DESCRIBE THE EXPERIENCES YOU HAVE THAT MAY HELP YOU AT LOVING CHOICES:

DESCRIBE THE REASONS WHY YOU WISH TO GET INVOLVED AT LOVING CHOICES:

DOES YOUR SPOUSE/FAMILY SUPPORT YOUR NEW INVOLVMENT WITH LOVING CHOICES:

DESCRIBE YOUR PERSONAL GIFTS AND STRENGTHS:

DESCRIBE YOUR POSITION TOWARD *ABORTION*:

DESCRIBE YOUR POSITION TOWARD *ADOPTION*:

DESCRIBE HOW YOU BECAME A CHRISTIAN, AND RELATE YOUR ONGOING RELATIONSHIP WITH CHRIST:

ARE THERE ANY ADDITIONAL THINGS WE MIGHT NEED TO KNOW ABOUT YOU THAT HAVE NOT BEEN COVERED IN THIS APPLICATION? PLEASE DESCRIBE:

OFFICE USE ONLY

INTERVIEWER: _____

START DATE: ___/___/___

LOCATION ASSIGNMENT: _____

SHIFT COMMITMENT:

Additional Notes:
