



VOLUNTEER APPLICATION

Name: _____ **Phone:** (Home) _____

Address: _____ **E-mail:** _____

City/State: _____ **Zip Code:** _____ **Birthday:** _____

Marital Status: Single Married Divorced Separated Widowed

Spouse's Name (if applicable) : _____

Educational Background (list degrees, special training, or experience):

Position you are interested in: ☐ **Patient Services** ☐ **Medical Services** ☐ **Administrative**

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PART A. GENERAL INFORMATION

1. How did you hear about ComfortCare Women's Health?

2. What is your reason for wanting to volunteer at CCWH?

3. What other ministries or organizations have you been involved with?

4. If applicable, how does your spouse/family feel about the possibility of your involvement with CCWH?

5. Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?

_____ never an option
_____ in case of rape/incest
_____ life of the mother

_____ in cases of extreme psychological stress
_____ other – please explain:

6. Have you ever counseled a woman who was considering an abortion?

_____ Yes _____ No If "yes", please explain.

7. How do you feel about a single woman parenting her baby?

8. How do you feel about a woman placing her baby for adoption?

9. Are you currently seeking to adopt a child?

10. Have you ever been convicted of child abuse or any crime involving sexual molestation of a minor?

Yes _____ No _____ Explain _____

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?

13. What are your feelings toward someone who has had an abortion?

PART B: TRAINING/GIFTS

1. What special skills, talents, gifts or personality traits do you bring to this ministry?

2. What are your strengths? Weaknesses?

3. What personality types do you have difficulty working with?

PART C. CHRISTIAN WALK

1. What church do you attend? _____
Denomination: _____ Address: _____
_____ Zip: _____
Pastor's name: _____ E-mail: _____
Phone: _____ Fax: _____
5. How long have you been involved at your church? _____
Are you currently involved in a Bible study? ____ Yes ____ No
If yes, how long? _____
6. Do you have a daily devotional time? ____ Yes ____ No Briefly describe.
7. Volunteering at the ComfortCare Women's Health is spiritual warfare. How do you feel you will personally deal with this?

PART D. REFERENCES

References from the following people are necessary to fully process your application.

1. Pastor: _____ E-mail: _____
Address: _____ Phone: _____
2. Two Christians (non-relatives) who have known you for at least two years.
- | | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| E-mail: _____ | E-mail: _____ |
| Phone: _____ | Phone: _____ |
3. A non-relative outside the Christian community.
- | | |
|----------------|---------------|
| Name: _____ | E-mail: _____ |
| Address: _____ | Phone: _____ |

I give the ComfortCare Women's Health permission to contact the people I have listed above for references.

Signed _____ Date _____

Thank you for taking the time to fill out this application. Please return it at your convenience.