



CHOICES

Volunteer Application

Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip Code

Phone #: _____ Cell Phone #: _____

Email Address: _____

Date of Birth: _____ (Must be over 21 for counselor position)

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, please explain: _____

Education:

____ Some High School: Number of years completed (circle one) 1 2 3 4

____ GED

____ High School Graduate

____ Some College: Number of years completed (circle one) 1 2 3 4

Area of study: _____

____ College Graduate

Please list degrees earned: _____

____ Other training or degrees

Please describe: _____

Volunteer Experience:

Organization: _____ Dates of service: _____ to _____

Address: _____
Street City State Zip Code

Supervisor: _____ Phone #: _____

Position/Duties: _____

Organization: _____ Dates of service: _____ to _____

Address: _____
Street City State Zip Code

Supervisor: _____ Phone #: _____

Position/Duties: _____

Additional Information

What is your reason for seeking to volunteer with CHOICES CLINIC & LIFE RESOURCE CENTER? _____

Are you a Christian? _____ Yes _____ No If yes, how long?

_____ What is the basis of your salvation? _____

Please provide the following information concerning your local church:

Church name: _____ Denomination: _____

Address _____
Street City State Zip Code

Pastor's Name: _____ Phone #: _____

Positions in which you have served: _____

This organization is a Christian pro-life ministry. We believe our faith in Jesus Christ empowers us, enables us, and motivates us to provide life-giving services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

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

What do you consider to be your possible areas of weakness?

Are there any particular personality types with whom you have difficulty working?

References: *This should include your pastor, a professional reference, and 2 personal references.*

<i>Name</i>	<i>email</i>	<i>Phone #</i>	<i>Years Acquainted</i>	<i>Relationship</i>
1.				
2.				
3.				
4.				

Before you are eligible to volunteer, Choices will need to view the content posted on your social media. Please list all social media accounts/handles below:

Facebook:

Instagram: @

Twitter: @

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 the Cross Timbers Pregnancy Care Center (CHOICES CLINIC & LIFE RESOURCE CENTER) to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the CHOICES CLINIC & LIFE RESOURCE CENTER 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 the center 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 the CHOICES CLINIC & LIFE RESOURCE CENTER, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I understand that a volunteer will serve in a different capacity than the employees of the CHOICES CLINIC & LIFE RESOURCE CENTER, and that a volunteer position will not receive compensation in return for any volunteer services.

I further certify that I have read and am in full agreement with the CHOICES CLINIC & LIFE RESOURCE CENTER statement of faith and Statement of Principle.

Signature of Applicant _____

Date _____