

Journey Women's Center—Volunteer Application

Name: _____
(Full name + Maiden)

Email: _____

Address: _____

Phone: _____

Journey Women's Center conducts background checks on all of its volunteers.

Please provide: Social Security #: _____ Date of Birth: _____

Have you ever been convicted of a crime? Yes No If yes, please explain:

Volunteer Questionnaire

How did you hear about Journey Women's Center? What made you interested in serving as a volunteer?

Is there a specific area you are interested in serving, or any God-given gifts, talents, or abilities you hope to utilize?

Do you have any past experience (at a Pregnancy Center) or education that might benefit this ministry?

Please share about your salvation and spiritual journey. What does your relationship with God look like today?

What church do you currently attend? In what ways are you involved and serving at your church?

Are you currently employed? Please provide a name and contact for your last place of employment (if applicable), as well as your scheduling availability.

Please share about previous volunteer experience, including the name of the organization(s) and your role. Please include the name and contact number of your previous volunteer director (if applicable).

Please explain your beliefs regarding marriage. What is your personal experience of marriage?

Please explain your beliefs regarding abortion. Is there any circumstance in which you would consider abortion as an alternative? What is your knowledge about abortion procedures and the current laws regarding abortion?

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

Have you had any traumatic experience related to an abortion or had an abortion yourself? Yes No

**A prior abortion does not disqualify you from volunteering at JWC.*

Have you received counseling / therapy in regards to an abortion? Yes No

Please describe your position towards adoption.

Have you adopted a child? Yes No

Are you currently seeking to adopt a child? Yes No

References

Please provide **three references** (Pastor/church leader plus two non-related). Please include the following information: Their name, nature of relationship (pastor, friend, employer), phone number and email.

- 1)
- 2)
- 3)

Volunteer Agreement

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Journey Women's Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Journey Women's 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. If I become a volunteer, I agree to fully adhere to its policies and rules, including those relating to client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the Center, and am not seeking or expecting to receive any compensation or other benefits in return for any volunteer services which I may provide this ministry.

(Signature)

(Date)