

27 Sevilla Street, St. Augustine, FL 32084
(904) 429-0159
Web Address: www.eLifeServices.org
Email: info@eLifeServices.org

VOLUNTEER APPLICATION

Name _____ Date: _____

Spouse's Name: _____

Address _____
Number & street City State Zip

Phone # _____ Age: _____ Date of Birth: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Names and Ages of Children: _____

How did you learn about Life Services? _____

Local Church Information

Church: _____ Pastor: _____

Address _____
Number & street City State Zip

Church Phone: _____

Please describe your past/current involvement in your church. _____

Do you consider yourself to be a Christian? Yes: _____ No: _____ Undecided: _____

What does being a Christian mean to you? _____

Why are you interested in volunteering for Life Services? _____

Have you ever been accused of a felony? Yes: _____ No: _____

Please explain and give details: _____

Have you ever been a victim of any type (physical, sexual, emotional) of child abuse?

Yes: _____ No: _____

Please explain and give details: _____

Have you resolved these issues? _____

Have you ever experienced an unplanned pregnancy? _____

Have you ever dealt with infertility? Yes: _____ No: _____

Please explain: _____

How do you feel about abortion as a solution to an unplanned pregnancy? _____

Have you ever experienced an abortion personally, or have you ever been involved as a parent, grandparent, spouse, or as a child, relative or friend of someone who has experienced abortion? Please explain.

Have you ever known a single mother or father? Please relate your experience and include your feelings.

How do you feel about adoption as an alternative for a person in an unplanned pregnancy? _____

How do you feel about an unmarried woman/couple parenting a baby? _____

How do you feel about single men and women using birth control? _____

What special skills, talents and background experience would you bring to this ministry? _____

Are you currently or have you ever been involved in seeking to adopt a child? Yes: _____ No: _____

Please explain. _____

When are you available to volunteer (AM/PM, all day, day of the week)? _____

In what area(s) of this ministry are you currently interested? _____

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 pregnancy center to obtain reference information concerning my character and capabilities. I release the pregnancy 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 pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I agree to hold all client information in strictest confidence and pledge to continue this confidentiality after I leave the volunteer services of Life Services for any reason whatsoever.

Signature

Date

NOTE: All information you furnish us in reference to your volunteer application will be held in the strictest confidence, unless otherwise required by law.