Volunteer Application

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| **Last Name** | **First Name** | **MI** |
| **Address** |
| **City** | **State** | **Zip** |
| **Home Phone** (     )     -      | **Work Phone** (     )     -      | **Cell Phone** (     )     -      |
| Email       | **Date of Birth       /       /** |
| **Emergency Contact Person** | **Relationship** |
| **Emergency Contact Phone** |
| Education |
| **College and/or Vocational School:**  |
|  School       | Date       | Degree Earned       |
|  School       | Date       | Degree Earned       |
| **List any special training, certifications, or educational experiences:**  |
|  |
| **Employment History:** (List most recent employment experience first.) |
| **Employer** | Dates: From       to       |
| Address       |
| Position / Duties       |
| Telephone       | Supervisor Name       |
|  |
| **Employer** | Dates: From       to       |
| Address       |
| Position / Duties       |
| Telephone       | Supervisor Name       |
| **Community Involvement / Volunteer Experience** |
| **Organization** |
| Address       | Supervisor Name       |
| Position / Duties       |
| Telephone       | Dates: From       to       |
|  |
| **Organization** |  |
| Address       | Supervisor Name       |
| Position / Duties       |
| Telephone       | Dates: From       to       |
| **Additional Information** |
| Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy? ▢ Never an option ▢ In cases of rape/incest  ▢ In cases of extremely severe psychological stress ▢ Other       |
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| **Have you ever had an abortion?** ▢ Yes ▢ No **Miscarriage?** ▢ Yes ▢ No(explanation)**Have you ever experienced sexual abuse/assault?** ▢ Yes ▢ No**(explanation)****Are you currently or have you ever been involved in seeking to adopt a child?** ▢ Yes ▢ No(explanation) |
|  |
| **Do you consider yourself a Christian?** ▢ Yes ▢ No |
| **As a Christian, what is the basis of your salvation?** |
| (explanation) |
| **Briefly share your salvation story.** |
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| **Church Name** |
| **Church Address** |
| **Describe your church involvement.**  |
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| **Briefly state why you are seeking a Volunteer position at Gateway Women’s Care.** |
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| **References** |
| **Please list persons who are not related to you and who have known you for at least two years. Include at least one pastor or church leader.** |
| Name | Address | Phone # | Years Acquainted | Relationship |
| 1.       |  |  |  |  |
| 2.      |  |  |  |  |

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| **Volunteer Opportunities** |

### In which areas:

**▢ Administrative ▢ Client Advocate ▢ Post Abortion Care ▢ Sonographer**

###  ▢ Chaperone ▢ Nurse ▢ Prayer Team

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| **Volunteer Qualifications** |

### A commitment to Jesus Christ as Lord and Savior

1. Full agreement with Gateway’s Statement of Faith, Statement of Principal, and Confidentiality Agreement.
2. Dependable, stable and capable of following through on commitments
3. A sincere desire to reach out to people with the love of Jesus Christ.
4. Currently involved in and attending church regularly.
5. The ability to adjust to a client’s pace of progress and growth.
6. Knowledge of scripture, especially pertaining to the sanctity of human life, forgiveness, and salvation.
7. Ability to respect confidentiality.
8. Completion of the Gateway volunteer training.
9. Willingness to attend volunteer in-services.

### Applicant’s Certification and Agreement

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Gateway Women’s Care to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Gateway Women’s Care and any person or entity providing such reference based upon such information. I also understand my submission of this application does not guarantee my acceptance as a Gateway volunteer.

I agree to fully adhere to Gateway’s policies and procedures. I further certify that I have read and that I am in full agreement with Gateway Women’s Care’s Statement of Faith, Statement of Principle, and Confidentiality Agreement.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date \_\_\_\_\_\_\_\_\_\_\_

BY RETURNING THIS APPLICATION, YOU ARE GRANTING

GATEWAY WOMEN’S CARE PERMISSION TO CONDUCT

A BACKGROUND CHECK.