



## VOLUNTEER APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Maiden

Present Address \_\_\_\_\_  
Street City State Zip

Cell \_\_\_\_\_ Alt. Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Children's Names & Ages \_\_\_\_\_

Work Experience \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Hobbies and Interests \_\_\_\_\_

Education \_\_\_\_\_ Area of concentration \_\_\_\_\_

List any special training, Biblical studies, or educational experience: \_\_\_\_\_

\_\_\_\_\_

List other ministries or organizations in which you have been involved: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Life Network/My Life Clinic? \_\_\_\_\_

Briefly state why you are interested in volunteering at Life Network/My Life Clinic: \_\_\_\_\_

\_\_\_\_\_

What special skills or abilities can you bring to this organization? \_\_\_\_\_

\_\_\_\_\_



Which days and hours are you able to devote to Life Network weekly?

Monday      Tuesday      Wednesday      Thursday

\_\_\_\_\_

List any other days/times you might be available.

\_\_\_\_\_

What area(s) are you interested in?

- Mentoring – *interact with clients, educate in 'parenting' methods, and present Biblical solutions*
- Support Services – *help organize the boutique by sorting, cleaning and stocking donated clothing*
- Medical – *licensed medical professionals can receive training to provide pregnancy verifications and answer questions*
- Administrative – *data entry, handyman jobs, assembling mailing and assistance with special events*
- Church Liaison – *be the essential link between your church and Life Network*

Do you consider yourself a Christian?  Yes  No

Explain what it means to be a Christian: \_\_\_\_\_

\_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_ Give a statement (testimony) about how you came to know Christ as your personal Lord and Savior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently involved in a Bible study?  Yes  No If yes, how long? \_\_\_\_\_

Have you ever counseled someone facing an unplanned pregnancy?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you had an abortion or been involved in an abortion?  Yes  No

If yes, how did this experience affect you? \_\_\_\_\_

\_\_\_\_\_

Under what circumstances would you consider abortion as an alternative for a woman in a crisis pregnancy?

- Never an option  In cases of rape/incest  In cases of severe psychological stress
- Other \_\_\_\_\_

## CHURCH REFERENCE

Church name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

How long have you attended? \_\_\_\_\_ Are you in consistent community with your church?

Yes  No

Describe areas of involvement, positions held, and services performed within the church: \_\_\_\_\_

Church leader reference \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## CHARACTER REFERENCES

Please provide two references who can attest to your character and capabilities. Do not list family members.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that Life Network of Central Missouri utilizes screening tools such as reference and criminal background checks on volunteer applicants. I authorize Life Network to obtain reference information concerning my character and capabilities and to obtain criminal background information concerning any history or charges of criminal behavior. I release Life Network and any person or entity providing such reference and background information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information.

I certify that I have read and agree to uphold Life Network's *Statement of Faith and Beliefs*.

I understand that all information regarding Life Network of Central Missouri, My Life Clinic, and their patients & clients must be kept in the strictest confidence. I agree keep all information in the strictest confidence in accordance with Life Network's policies and will maintain confidentiality even after I am no longer a volunteer.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Statement of Faith and Beliefs**

**WE BELIEVE** in one God, eternally existent in three Persons – Father, Son, and Holy Spirit.

**WE BELIEVE** that Jesus Christ – God the Son and Second Person of the Godhead – is the only begotten Son of God and the express image of God. We believe in His virgin birth and in His sinless life. We believe in His bodily resurrection from the dead to win the victory over death. We believe in His ascension to heaven where He sits at the right hand of the Father.

**WE BELIEVE** that Jesus Christ is the Lamb of God offered up as a sacrifice to take away the sin of the world. We believe that no one can be saved by any other name than by the name of Jesus.

**WE BELIEVE** that the Holy Bible is the inspired, eternal, authoritative and infallible Word of God.

**WE BELIEVE** that all have sinned and fallen short of the glory of God but that, if we confess our sins, God is faithful and just to forgive our sins and to cleanse us from all unrighteousness.

**WE BELIEVE** in the indwelling of every believer by the Holy Spirit.

**WE BELIEVE** in the spiritual unity of the Body of Christ, the Church.

**WE BELIEVE** that the right to life is endowed by the Creator at the time of conception and is an inalienable right; that the unborn child is a living human being from conception, a unique and irreplaceable person known by God. All human life is meaningful and precious from conception until natural death.

**WE BELIEVE** that abortion is the taking of an innocent life and is never an alternative to an unwanted pregnancy; that it is a violation of God's natural law and a woman's physiological make-up and, therefore, results in various physical and/or emotional scars.

**WE BELIEVE** that abortion is a transgression of divine principles, but that Jesus Christ offers forgiveness, healing, restoration, and renewing to those touched by, or suffering from, abortion's aftermath.

**WE BELIEVE** that abortion is not a solution to a true social problem. Women experiencing problem pregnancies need practical love and assistance.

**WE BELIEVE** that society's pro-abortion ["pro-choice"] mentality is creating a climate of moral degeneration.

**WE BELIEVE** that God has called us to be a voice for the voiceless and to speak up against injustice.

**WE BELIEVE** that Life Network has an obligation to minister to those in need and to educate the general public about the effects of abortion.