



220 Rands Avenue
Huntsville, AL 35801
Phone: 256/534-1996
Fax: 256/534-1994

VOLUNTEER APPLICATION

PERSONAL DATA:

TODAY'S DATE

NAME Month/Day of Birth

AGE: 20-30 30-40 40-50 50-60 60 and up

Address

City State Zip

PHONE (Home) (Work)

Occupation Employer

Married Single Widowed Divorced Separated

Spouse's Name

Spouse's Occupation Employer

Number of Children Boys, Ages; Girls, Ages

EDUCATIONAL BACKGROUND

High School Attended Graduated Yes No

College Attended Graduated Yes No

Type of Degree (if applicable)

Special Qualifications (advanced degree, counseling experience etc...)

Field of Working Experience

Previous Volunteer Experience

SPIRITUAL ATTITUDE DATA

In your opinion how does a person become a Christian? (Briefly explain)

When did you become a Christian? _____

Name of Church of which you are a member _____

What is your attitude toward personal evangelism?

Have you ever received personal evangelism training? Yes No

If yes, when, where and type of program _____

If no, are you willing to be trained in personal evangelism? Yes No

Have you had other Christian experiences/training that would be of value to you in helping people with problem pregnancies? Yes No

If yes, list: _____

Have you read the Choose Life "Statement of Faith" and are you in agreement with these beliefs and willing to uphold them? Yes No

OTHER PERTINENT DATA

Why would you like to be a Choose Life volunteer?

What kind of commitment are you willing to make to the ministry of Choose Life?

Are you willing to attend Choose Life training sessions for general orientation? Yes No

What is your family background?

How does your family/spouse feel about this kind of work?

What do you feel are your strong areas/points?

What do you feel are your weak areas/points?

How do you function in a group?

How do you function one to one?

In what kinds of people are you most interested?

Because of personality characteristics, socioeconomic background, race, etc. . . . , are there any types of people with whom you feel you might have difficulty working? (*please elaborate*)

What kind of supervision do you prefer?

How do you evaluate your emotional stability?

Is there any part of this questionnaire with which you have difficulty or disagree?

In your own words, what is counseling? _____

Briefly describe how you would counsel a young man/woman experiencing a problem pregnancy: _____

Do you believe that you are capable of effectively working with men/women in crisis? Yes No

Date of Application

Signature of Applicant