



Restore Volunteer Application

Full Name: _____

Address: _____

Cell phone #: _____

Birthdate: _____

E-mail address: _____

Marital Status: _____

If married, spouse's name: _____

EDUCATION:

Highest level completed: _____

Degree(s) earned: _____

Describe other training or degrees: _____

PREVIOUS VOLUNTEER EXPERIENCE:

1. Name of organization: _____

Address of organization: _____

Phone #: _____

Title of position: _____

Supervisor name: _____

Dates of Service: From _____ To _____

2. Name of organization: _____

Address of organization: _____

Phone #: _____

Title of position: _____

Supervisor name: _____

Dates of Service: From _____ To _____

CURRENT EMPLOYMENT:

1. Name of company: _____

Address: _____

Job title: _____

Hours: _____

2. Name of company: _____

Address: _____

Job title: _____

Hours: _____

YOUR CHURCH:

Name of church: _____

City/State: _____

Denomination: _____

Pastor's Name: _____

Phone #: _____

VOLUNTEER INTERESTS: Select the boxes to indicate your Restore volunteering interests.

Leader	Prayer team	Marketing	Church liaison	Testimony speaker	Office support

QUESTIONS:

1. Describe why you are interested in becoming a part of the Restore team?

2. Has your life been touched personally by abortion – either you or someone close to you? If yourself, have you received any kind of post abortion counseling or been a part of Restore support?

3. How would you describe your spiritual journey to date?

4. Please describe any previous ministry experience of being in a small group, leading a small group or any pertinent training.

5. As a pro-life Christian ministry, we believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide Post-Abortion Services to our community. Please write a brief statement about how your faith would affect your work at this center.

6. What spiritual gifts or strengths do you believe God has given you that would help you serve effectively as a Restore group leader?

7. How would you rate yourself in the following areas (place an X on the best answer for a-c)?

- a. Knowledge of abortion methods: **Excellent**___ **Good**___ **Fair**___ **Poor**___
- b. Knowledge of current laws concerning abortion? **Excellent**___ **Good**___ **Fair**___ **Poor**___
- c. Knowledge of what the Bible teaches about abortion? **Excellent**___ **Good**___ **Fair**___ **Poor**___

8. Under what circumstances would you consider abortion an alternative for a woman/man with a crisis pregnancy?

- a. Never an option _____
- b. In cases of rape or incest _____
- c. In cases where the mother's life was in extreme peril _____
- d. In cases of extreme psychological distress _____
- e. Other (specify) _____

9. Please list any books or other materials that you have viewed that relate to abortion or Post-Abortion Stress.

10. When do you feel sexual intercourse is morally permissible?

11. What do you consider to be your possible areas of weakness?

12. Are there any particular personality types with whom you have difficulty working?

REFERENCES: Please list three persons who are not related to you and who have known you for at least two years.

1. First and last name: _____
Email address: _____
Phone#: _____
Number of years acquainted: _____
Relationship: _____

2. First and last name: _____
Email address: _____
Phone#: _____
Number of years acquainted: _____
Relationship: _____

3. First and last name: _____
Email address: _____
Phone#: _____
Number of years acquainted: _____
Relationship: _____

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 Caring Network to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Caring Network 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 at Caring Network, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in different role than the employees of Caring Network, and I am not seeking nor expecting to receive any compensation or other benefit in return for any volunteer services which I may provide for this ministry. I certify that I have read and am in full agreement with Caring Network’s Statement of Faith and Statement of Principle.

Electronic signature of applicant	Date

Thank you for taking time to fill out this application!