



# VOLUNTEER APPLICATION

**\*All applications are confidential.**

## General Information:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Birthday (Month/Day) \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_ Anniversary \_\_\_\_\_

## Emergency Contact Information

Name

Relationship

Phone(s)

\_\_\_\_\_  
\_\_\_\_\_

Children's Names and Ages (if applicable) \_\_\_\_\_

If you work outside the home, do you work full time or part time? \_\_\_\_\_

Your occupation \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Highest level of education achieved: \_\_\_\_\_

How did you first hear about Oasis?

\_\_\_\_\_

**Volunteer Information:**

I am interested in serving as: Receptionist, Client Educator, and/or a Specialty class facilitator: Bible Study, Parenting, Labor & Delivery, Newborn Care, Infant Massage, Nutrition etc.)?

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What motivated you to volunteer to serve in this way?

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Have you counseled women in the past?

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Are you able to consistently offer one shift per week right now? Which location and what days/hours are you available?

**Land O Lakes:** Tues, Weds shifts: 12:00 - 4:00

Monday, Thursday shifts: 2:00pm - 5:00pm or 5:00pm - 8:00pm

**Wesley Chapel:** Tuesday: 4:00pm – 8:00pm

Monday, Wednesday, Thursday or Friday shift: 11:00 – 3:00

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Are you willing to share the gospel with clients? \_\_\_Yes \_\_\_No (please explain)

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What special skills, talents, gifts or personality traits would you bring to this ministry?

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**Previous Volunteer Experience:** List most recent volunteer experience first.

Organization \_\_\_\_\_ Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Organization \_\_\_\_\_ Date of service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

**Adoption and Abortion Experience and Knowledge:**

Do you have any experience with legal adoption? What are your personal feelings about adoption?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever counseled a woman considering abortion? \_\_\_Yes \_\_\_No

If yes, please comment on that experience.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an abortion? \_\_\_Yes \_\_\_No If yes, how many? \_\_\_ How long ago? \_\_\_\_\_

If yes, how did that experience affect you?

\_\_\_\_\_  
\_\_\_\_\_

If yes, have you completed a post-abortion class on forgiveness and healing? \_\_\_Yes \_\_\_No

Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

- Never an option       If the mother is too young       In cases of rape or incest  
 To save the mother's life       If having the baby is extremely stressful  
 Other (specify) \_\_\_\_\_

Why do you believe what you chose above?

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**Christian Faith and Practice:**

What church do you attend? \_\_\_\_\_ How often? \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone # \_\_\_\_\_

Briefly describe how you came to know Christ as your personal Savior.

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Are you now living a lifestyle of sexual integrity (abstinent if single/faithful if married)?

Yes  No

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

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Years Acquainted \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Years Acquainted \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Years Acquainted \_\_\_\_\_ Address \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_ Yes (please explain) \_\_\_ No

**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 verify their accuracy and 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 recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_