

Volunteer Application

All applications are confidential.



General Information:

Name _____ Gender M F

Address _____

City, State, Zip _____

Home Phone # _____ Cell Phone # _____

E-mail _____ Birthday (Month/Day) _____

Spouse's Name (if applicable) _____ Gender M F

Emergency Contact Information

<u>Name</u>	<u>Relationship</u>	<u>Phone(s)</u>
_____	_____	_____
_____	_____	_____

Children's Names and Ages (if applicable) _____

Your occupation _____ Full-time Part time Retired

Spouse's occupation _____ Full-time Part time Retired

Highest level of education achieved:

High School Associate Bachelor Masters Doctorate

How did you first hear about Oasis?

Have you read & signed the Oasis Statement of Faith & Principle? Yes No

Volunteer Information:

I am interested in serving as: Receptionist, Client Advocate, Safety Team, Greeter, Fatherhood Mentor, Sorting Donations for Baby Boutique / Other?

What motivated you to volunteer to serve in this way?

Have you counseled women / men in the past?

Are you able to consistently offer one shift per week right now? Which location and what days/hours are you available? Circle availability under location of choice.

Land O Lakes: 3632 Land O Lakes Blvd. Ste 108 Land O Lakes, FL 34639

Monday 1:00-5:00pm

Tues - Weds 12:00p - 4:00p

Thursday 2:00p - 5:00p or 5:00p - 8:00p

Wesley Chapel: 5854 Argerian Dr. Ste 103 Wesley Chapel, FL 33545

Tuesday: 4:00p – 8:00p

Monday - Wednesday - Thursday - Friday 11:00a – 3:00p

Tampa: 14620 N. Nebraska Blvd Unit C, Tampa, FL 33613

Monday – Tuesday – Wednesday – Thursday - Friday - Saturday 10:00am – 2:00pm

Are you willing to share the gospel with clients? ___Yes ___No (please explain)

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

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 / man 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? _____

Have you ever helped someone get an abortion? ___Yes ___No 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?

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.

Are you now living a lifestyle of sexual integrity as defined in the Bible? (abstinent if single/faithful to your spouse 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 _____