

# LOVING CHOICES

PREGNANCY CENTERS OF NORTHWEST ARKANSAS

## VOLUNTEER APPLICATION

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS *(circle that which applies):*

Single

Married

Widowed

Divorced

SPOUSE'S NAME *(if applicable):* \_\_\_\_\_

CHILDREN *(circle that which applies):* YES NO

*If yes, how many:* \_\_\_\_\_ *Ages:* \_\_\_\_\_

WHAT CHURCH DO YOU ATTEND:

\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE CENTER:

\_\_\_\_\_

WHICH AREAS OF SERVICE INTEREST YOU *(circle that which applies):*

Crisis Counselor

Care Center Counselor

Volunteer Nurse

Care Center "Mommy Boutique" Volunteer

Special Projects

Handyman

**WHICH LOCATION DO YOU PREFER** *(circle that which applies):*

ROGERS

FAYETTEVILLE

**WHEN DO YOU PREFER TO VOLUNTEER** *(circle that which applies):*

MON AM

TUES AM

WED AM

THR AM

FRI AM SAT AM

MON PM

TUES PM

WED PM

THR PM

FRI PM SAT PM

*(Both Centers are only open M-Th)*

**WHAT ARE YOUR HOBBIES AND INTERESTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ONE PERSONAL REFERENCE:**

*NAME:* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_

*CITY:* \_\_\_\_\_ *ZIP CODE:* \_\_\_\_\_

*DAYTIME TELEPHONE:* \_\_\_\_\_

*DESCRIBE HOW YOU KNOW YOUR REFERENCE:*

\_\_\_\_\_

**DESCRIBE THE EXPERIENCES YOU HAVE THAT MAY HELP YOU AT LOVING CHOICES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIBE THE REASONS WHY YOU WISH TO GET INVOLVED AT LOVING CHOICES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOES YOUR SPOUSE/FAMILY SUPPORT YOUR NEW INVOLVMENT WITH LOVING CHOICES:**

\_\_\_\_\_

**DESCRIBE YOUR PERSONAL GIFTS AND STRENGTHS:**

\_\_\_\_\_

\_\_\_\_\_

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**DESCRIBE YOUR POSITION TOWARD *ABORTION*:**

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**DESCRIBE YOUR POSITION TOWARD *ADOPTION*:**

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**DESCRIBE HOW YOU BECAME A CHRISTIAN, AND RELATE YOUR ONGOING RELATIONSHIP WITH CHRIST:**

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**ARE THERE ANY ADDITIONAL THINGS WE MIGHT NEED TO KNOW ABOUT YOU THAT HAVE NOT BEEN COVERED IN THIS APPLICATION? PLEASE DESCRIBE:**

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**OFFICE USE ONLY**

**INTERVIEWER:** \_\_\_\_\_

**START DATE:** \_\_\_/\_\_\_/\_\_\_

**LOCATION ASSIGNMENT:** \_\_\_\_\_

**SHIFT COMMITMENT:**

**Additional Notes:**

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