



VOLUNTEER STAFF APPLICATION

CONFIDENTIAL INTERVIEW

Date ____/____/____

Name _____ Address _____

City _____ State _____ Zip _____ Cell Phone _____

Phone (Day) _____ (Evening) _____ E-mail _____

Occupation _____ Birth Date ____/____/____ Marital Status _____

Previous Volunteer Experience (if any) _____

Please tell us about yourself:

1. Please provide the following information about your local church:

Church Name _____ Address _____

City _____ State _____ Zip _____

Pastor's Name _____ Phone _____

Denomination _____

Describe positions held/services performed within the church: _____

2. Please tell us about your relationship with Jesus Christ:

3. Explain your feelings (thoughts) on God's calling to you to work in our pregnancy care ministry:

4. How does your spouse/family feel about this involvement?

5. Have you ever counseled a female or male who was considering an abortion? Yes No

Please explain: _____

6. Have you had any traumatic experiences related to abortion? Yes No

Please explain: *(If you prefer, you can choose not to answer this question here and instead discuss your response confidentially with the director.)*

7. Do you have any criminal record? Yes No

Please explain: _____

8. Were you a victim of abuse or molestation as a child? Yes No

Please explain: *(If you prefer, you can choose not to answer this question here and instead discuss your response confidentially with the director.)*

9. Have you ever known an unwed mother or father? Yes No

Please explain: _____

10. What special gifts, talents, or personality traits do you bring to this ministry?

11. What are your personal strengths?

12. What are possible areas of weakness?

13. New Hope Center believes that abortion is never an option. Under what circumstances would you consider abortion as an alternative for a female or male with a crisis pregnancy?

Never an option _____ In cases of rape/incest _____ In cases of extreme severe psychological stress _____

Other: (list) _____

Please tell us about your knowledge of abortion:

1. How would you rate yourself in the following areas:

a. Knowledge of how abortions are performed/methods used to perform abortions:

excellent good fair poor

b. Knowledge of the existing laws regulating abortion:

excellent good fair poor

c. Knowledge of what the Bible teaches (directly or indirectly) about abortion:

excellent good fair poor

2. Please list any books, films, or other materials that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

In what area(s) do you feel you could best serve at New Hope Center?

Mentor_____ Pregnancy Center Closet_____ Work/Community Liaison_____

Office Cleaning_____ Computer/office work_____ Parenting classes_____

Educational speaker_____ Prolife Awareness Leader (Church Liaison) _____

Do you speak another language or know sign language? _____

Please provide references for us:

We would like to contact the pastor whose name you listed on page one. Please provide the names and contact information of two other people (not related to you) that we may contact for references.

1. Name_____ Phone Number _____

Address_____

2. Name_____ Phone Number _____

Address_____

How did you hear about New Hope Center?

How did you hear about our training?

Please read the attached Statement of Faith, Mission Statement, and Foundational Bricks.

1. Do you agree with these documents? Yes No

Comments: _____

2. Do you have any questions/comments regarding this ministry?

Thank you for taking the time to fill out this application. We will contact you for an interview once your application has been reviewed. You can bring the application to our office, email us at lbroomhead@newhopecenter.com mail the application to:

**Lori Broomhead
Client Services and Marketing Director
New Hope Center
228 Thomas More Parkway
Crestview Hills, KY 41017**

THIS AREA FOR OFFICE USE ONLY

Date of interview _____ Date of training _____

Date began at center _____ Date left center _____

Comments:

