

CONFIDENTIAL
VOLUNTEER APPLICATION

Date ____/____/____ Location (please circle) Crestview Hills, KY | Covington, KY | Falmouth, KY | Vevay, IN

Name _____ Address _____

City _____ State _____ Zip _____ Cell phone _____

Home phone _____ Email _____

Occupation _____ Birth date ____/____/____ Marital status _____

Please provide the following information about your local church:

Church name _____ Address _____

City _____ State _____ Zip _____

Pastor's name _____ Pastor's phone _____

Pastor's email _____ Denomination _____

Help us get to know you a little bit:

1. Describe any positions you have held or services you have performed within your local church.

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

3. Explain your thoughts on God's calling to you to volunteer with New Hope Center.

4. How does your spouse/family feel about your involvement with New Hope Center?

Please answer the following questions (circle all that apply):

5. Have you ever counseled anyone who was considering an abortion? Yes No

If yes, please explain: _____

If you prefer, you can choose not to answer these questions here and instead can discuss your responses confidentially with the center director.

6. Have you experienced: abortion miscarriage infertility placed for adoption adopted a child none

If you circled any of the above, please explain: _____

7. Have you ever been arrested? Yes No

If yes, please explain: _____

8. Are you a survivor of abuse/assault? Yes No

If yes, please specify: physical mental/emotional sexual financial spiritual

9. Do you have any previous volunteer experience? Yes No

If yes, please explain: _____

10. What special gifts, talents, or personality traits do you hope to share with others at New Hope?

11. What are your personal strengths?

12. What are your growth areas?

13. Under what circumstances would you consider abortion as an alternative for someone experiencing an unplanned pregnancy?

Never an option In cases of rape/incest In cases of psychological stress

In cases of poor medical prognosis for the baby Other (explain): _____

Please tell us about your knowledge of abortion:

1. 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?

Administrative

After-Abortion Care

Church/Community Liaison

Cleaning / Organizing

Data Entry

Educational Speaker - Group Classes

Events

Facilitate Bible Study

Facilitate Parenting Classes

Maintenance/Fix-It Help

Miscarriage Mentoring

Sexual Risk Avoidance Program

Taking Crisis Phone Calls

Facilitate Crisis Mentoring

Other (please explain) _____

Are you fluent in any other spoken language or sign language? _____

Please provide references for us.

Please provide the names and contact info for three people unrelated to you. **One of them must be your pastor/elder or other church leader/spiritual mentor.**

1. Name _____ Phone Number _____

Email _____

2. Name _____ Phone Number _____

Email _____

3. Name _____ Phone Number _____

Email _____

How did you hear about New Hope Center?

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 New Hope Center?

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 it to tweisz@newhopecenter.com, or mail it to:

**New Hope Center
Attn: Tori Weisz, Outreach and Marketing
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:
