

Sanctity of Life Ministries
Volunteer Counselor Application

We are excited that you are interested in being a part of Sanctity of Life Ministries! Please fill out this application as thoroughly as possible. For insurance purposes, we will use your full name and date of birth to conduct a standard background check. The remaining information you provide will be kept strictly confidential and will be used to determine your training needs and match you with clients.

Date of application _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) _____ (W) _____

EMAIL ADDRESS: _____

BIRTHDATE: ____/____/____

MARRIED: YES _____ NO _____ Spouse's Name: _____

CHILDREN: YES _____ NO _____

Names and ages of children currently living in your home:

How does your family feel about your interest in volunteering for SLM?

Do you attend school? _____ If yes, where? _____

Current grade or last year completed? _____

Are you employed? _____ Employer's name: _____

Position: _____ Supervisor: _____

Hours / days you are available to counsel or volunteer? _____

Any other important information? _____

Do you believe in God? Yes _____ No _____ Not sure _____

How would you describe your relationship with Jesus Christ?

How would you share your faith with the young women you will be working with?

How often do you attend church? _____

Are you a member? _____ If yes, for how long? _____

Which church? _____ Pastor's Name: _____

Church religious affiliation (if any): _____

Do you have a daily (or frequent) devotional time? _____

Have you ever joined a Bible Study group? _____ If yes, what type of study was it
and how long did it continue? _____

Which of the following would you recommend to the women you will be working with:

Church attendance	_____	Christian Literature	_____
Bible study	_____	Christian music	_____
Prayer	_____	Taped/radio teachings	_____
Devotions	_____	Christian television	_____
Fellowship	_____	Other:	_____

What (if any) church ministries/outreaches are you involved with?

What (if any) leadership positions do you hold in your church?

Have you had experience in speaking or teaching? Yes _____ No _____

Please describe: _____

Have you discussed your desire to volunteer here with your church leader(s)? _____
Please identify the individual and his/her response:

Will your church support you as a volunteer for the counseling program? _____
Do you believe God has initiated your involvement with the counseling program? _____

How? _____

Why do you want to volunteer for the counseling program?

What are your major concerns about counseling a young woman?

What strengths can you can bring to the counseling program?

What weaknesses might you bring to the counseling program?

Can you commit to volunteering regularly on a consistent basis? Please explain.

Please describe any volunteer experience you may have:

Please list any pro-life organizations to which you belong or with whom you worked. Briefly describe your work with them.

Please list any pro-life conferences, conventions, seminars, or workshops you have attended. When?

Please list any foreign languages you can speak, read and/or write. Please indicate whether you speak, read and/or write them fluently, good, or fair.

Have you ever worked with a person in crisis before? _____
Please describe the nature of the crises and your evaluation of the experience.

Have you ever known an unwed mother? _____ If so, in what capacity?

How will the young women you will be working with fit into your priorities?

Please check any of the following topics you feel you **cannot** explore adequately with a client at this time:

- Pregnancy _____
- Fetal Development _____
- Maternal health & nutrition _____
- Labor & delivery _____
- Child rearing _____
- Finances/budget _____
- Social services _____
- Adoption _____
- Abortion _____
- Chastity/ abstinence _____
- Sexually transmitted diseases _____

- The client's:
- Sexual history _____
 - Drinking/drugs/habits _____
 - Mental disorders _____
 - Fear/regret/grief _____
 - Relationship w/ baby's father _____
 - Relationship w/ parents _____
 - Other: _____

Clients may have one or more of the following histories (Rape, Incest, Abortion, Substance abuse, Physical abuse, Mental disorder(s), etc). What are your concerns/objections regarding counseling such clients?

At SLM, we believe that God uses every circumstance for His glory—to include ministering to others who have experienced a similar circumstance. “...that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God.” (2 Corinthians 1:4)

In regard to the following questions, please know that any information you may share would be regarded in a highly confidential manner.

Have you personally experienced or have you had a family member experience adoption?

If so, could you describe the circumstance?

Have you personally experienced or have you had a family member experience abortion?

If so, could you describe the circumstance—including date, procedure used (if known), what (if any) physical or emotional effects you (or she) may have experienced?

If you have had an abortion experience, have you ever sought counseling for it or been through a post-abortion Bible Study? _____ If not, would you be interested in participating in a post-abortion Bible Study? _____

References

Please provide the requested information (at least name, address, and telephone number) for two references who are not related to you and who you have known for at least one year. At least one of your references should be from someone that is in a position of authority over you and/or has worked with you on a job or ministry related project or event (e.g., a supervisor at work, a Pastor, a small group leader, a volunteer coordinator).

Reference #1:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (day) _____ (evening) _____

Relationship: _____

How long have you known this person? _____

Reference #2:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (day) _____ (evening) _____

Relationship: _____

How long have you known this person? _____

Applicant's signature

Date