

Sanctity of Life Ministries
Administrative Volunteer 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 assign projects.

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 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? _____

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? _____

Do you believe God has initiated your involvement with this ministry? _____

How? _____

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

Please describe any volunteer experience you may have:

Have you had experience in speaking or teaching? Yes____No____ Please describe:

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 crisis and your evaluation of the experience.

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

How will this ministry fit into your priorities?

There are many opportunities you could assist in, such as:

- administrative support
- answering phones
- cleaning, organizing, fixing things
- “Shepherding Home” families
- child care
- sort donated baby items (clothing, diapers, etc)
- edit and help prepare monthly newsletter
- hang up fliers locally
- computer support, etc. . .

Which areas are you interested in? What do you feel are your strengths?

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 after-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 following 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 someone that is in a position of authority over you and/or has worked with you on a job, ministry related project or event (e.g., supervisor at work, pastor, small group leader, 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