

Volunteer for Client Care Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail address: _____

Date of birth (without year): _____

Are you 18 years of age or older? Yes No

Educational background: _____

Occupation (if applicable): _____

Employer: _____

Languages spoken (other than English): _____

Marital status: _____ Spouse's name (if applicable): _____

Spouse's place of employment (if applicable): _____

How does your spouse and/or family feel about your involvement with Life Choices?

Number of children (if any): ____ Age(s) (if applicable): _____

Name of local church: _____

Previous volunteer experience:

How did you learn about Life Choices?

What sparked your interest in volunteering at Life Choices?

Have you ever had an experience involving an abortion or unplanned pregnancy? Yes No

If yes, please describe:

Are there any issues or events in your life that could affect your volunteer work?

When are you available to volunteer (e.g., day of the week, daytime/afternoon, hours)?

Days- M _____ T _____ Th _____ F _____

Please check the volunteer opportunities you are most interested in pursuing:

Client:

Peer Counseling Earn While You Learn Program

Medical:

Doctor/ Nurse

Other:

Post Abortion Healing