

Volunteer Application Client Advocate



PERSONAL DATA

Name _____ Date _____

Address _____ Home/Cell Phone _____

City _____ State _____ Work Phone _____

Zip Code _____ Email Address _____

Marital Status _____ Name of Spouse _____

Occupation and Employer _____

Spouse's Occupation and Employer _____

Number of Children and Ages _____

How would you describe your health? _____

EDUCATIONAL BACKGROUND

High School attended _____ Graduated? _____

College attended _____ Degree? _____

SPECIAL QUALIFICATIONS

Previous Volunteer Experience: _____

Counseling Experience: _____

List any special training, studies, or experiences you might have had that may be helpful in working with the Shiloh Center. Include previous volunteer experiences and positions held/services performed in churches, etc.

List hobbies, gifts, or talents _____

PERSONAL

How did you hear about the center?

Briefly state the reason(s) you are interested in volunteering for the Shiloh Center _____

Have you ever had an abortion? _____

Have you ever had any traumatic experiences relating to abortion?

If yes, please explain

Have you ever counseled a woman considering an abortion?

List three personality traits people use most to describe you:

What are your personal strengths?

What are your personal weaknesses?

Name any personality traits you have difficulty working with:

How do you resolve conflict/disagreement?

Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy? Never an option Fetal abnormalities

Rape or incest Other

What do you expect to gain from your ministry here?

PERSONAL ABORTION KNOWLEDGE

Please make a general evaluation of your knowledge in the following areas:

How abortions are performed/methods used

Excellent _____ Good _____ Fair _____ Poor _____

Knowledge of existing laws regulating abortion

Excellent _____ Good _____ Fair _____ Poor _____

Knowledge of what the Bible teaches about abortion.

Excellent _____ Good _____ Fair _____ Poor _____

What questions would you like to have someone address concerning abortion?

How do you feel about adoption as an alternative for a woman with a problem pregnancy?

How do you feel about a single woman parenting her baby?

Are you currently seeking to adopt a child?

GETTING TO KNOW YOU

How does your family/spouse feel about this kind of volunteer work?

Have you experienced anything traumatic in the last five years?

How have you dealt with it?

Are there any situations in which you feel uncomfortable and if so, what makes you feel uncomfortable?

How do you function in a group?

How do you function one-to-one?

What are the most significant decisions you have made?

How do you feel about your decisions?

What do you like about yourself?

If you could improve something about yourself, what would it be?

What makes you angry? _____

How do you deal with anger? _____

Are there any personalities/socio-economic backgrounds that you might have difficulty working with? _____

SPIRITUAL

Do you consider yourself to be a Christian? _____

What is a Christian? _____

How long have you been a Christian? _____

What do you feel is necessary for salvation? _____

Church name: _____ Address _____

City: _____ State _____ Zip _____

Pastor's Name: _____ Phone: _____

Describe positions held/services performed within the church: _____

When do you feel sexual intercourse is morally permissible? _____

What are your feelings regarding birth control and teenagers or adults who are single and sexually active? _____

How has your life changed since your personal relationship with Jesus began?

Do you have a growing relationship with Jesus Christ?

What are you doing to improve your relationship with Jesus?

Are you currently involved in a Bible study?

If yes, on what topic and for how long?

On a separate sheet of paper, please write a personal testimony.

Thank you for taking the time to complete this application!

Mail to: Director, Shiloh Center

208 Oriole St.

Harrisonville, Missouri 64701