

Volunteer Application

General volunteer



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 _____

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? _____

SPIRITUAL

Do you consider yourself to be a Christian? _____

How long have you been a Christian? _____

Church name: _____

Pastor's Name: _____

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