

LifeLine Pregnancy Help Centers

P O Box 447

Elkin, NC 28621

Ph. (336) 526-5433

(Email: lifelinehelps@lifelinehelps.org)

Confidential Volunteer Application

Name _____

Address _____

City/ State _____ Zip _____

E-Mail Address _____

Phone (H) _____ (Cell) _____ Marital Status _____

Occupation _____ DOB _____

Employer _____

Spouse _____ DOB _____

Children _____ DOB _____

Christian Walk

1. Do you consider yourself a Christian? Yes _____ No _____

If yes, Please explain what it means to be a Christian.

2. How long have you been a Christian? _____

Briefly give your personal testimony. (If needed, use additional sheet.)

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

4. Which church do you attend? _____

Address _____ Zip _____

Pastor's Name _____ Phone _____

5. How long have you been involved at your church? _____

6. Describe positions held/ services performed within the church. _____

7. Are you currently involved in a Bible Study? Yes _____ No _____

If yes, how long? _____

8. Do you have a daily devotional? Yes _____ No _____

Training/ Gifts

1. What special gifts, talents, or personality traits could you bring to this ministry?

2. What is the extent of your formal education? _____

List any special training, areas of concentration, Biblical Studies, or educational experiences.

3. What are your strengths?

4. What are your possible areas of weakness?

5. What personality types do you have difficulty working with?

General Information

1. How did you hear about LifeLine Pregnancy Help Center?

2. What is your reason for getting involved with LPHC?

3. How does your spouse/ family feel about involvement with LPHC?

4. Have you ever counseled a woman who was considering an abortion?

Yes _____ No _____ Please explain if yes.

5. Under what circumstances, if any, would you consider abortion as an alternative for a

woman with a crisis pregnancy?

_____ never an option

_____ extreme psychological stress

_____ life of the mother

_____ other, please explain

_____ rape/ incest

6. Have you had any traumatic experiences related to abortion?

Yes _____ No _____ Please explain if yes.

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

8. Are you currently seeking to adopt a child?

9. When do you feel sexual intercourse is morally permissible?

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

References

Please list the names and addresses of a Christian leader who knows you well and two other people who have known you at least one year.

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____