



VOLUNTEER/STAFF APPLICATION

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____ Birthdate: _____

Marital status: _____ Spouse Name, if applicable: _____

Number of children: _____ Ages: _____

Education: High School: YES NO Other Education: _____

Present employer: _____ Title: _____

Are you a Christian? YES NO _____ Church: _____

Skills/Qualifications: _____

List activities you are involved in or interests:

What are your beliefs regarding life?

Have you had any experiences with adoption, abortion, unexpected/difficult pregnancy, etc.?

Why do you want to volunteer or work at Vida Medical Clinic or Support Services?

Do you have an interest to help in a certain area at Vida (clerical, parenting mentor, baby store?) _____

How many hours per week would you like to volunteer/work at Vida? _____

Have you ever been arrested? _____ List date and charge: _____

(Each circumstance will be evaluated and the application is not automatically denied.)

PERSONAL REFERENCES:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

I certify that all information in my application is true, complete and correct to the best of my knowledge.

Signature Date