



HOPE CENTER
of Livingston County

What position are you applying for? (circle one or multiple)

RECEPTIONIST - CLIENT COACH

Name _____
Last First Middle Initial

Address _____
Address City State Zip code

Phone # _____ Email address _____

Birthday _____ Martial Status (circle one) S M

Spouse's name? _____ Anniversary _____

Education:

High School: Number of years completed (*circle one*) 1 2 3 4

Diploma: ___ Yes ___ No Year Graduated: _____

G.E.D.: ___ Yes ___ No

School name _____

College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) _____

Degrees earned _____ Dates _____

Describe other training or degrees _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Organization _____ Date of volunteer service: From _____ To _____
Address _____
Position/Duties _____
Telephone _____ Supervisor name _____

Employment History: List most recent employment first.

Employer _____ Date of employment: From _____ To _____
Address _____
Position/Duties _____
Telephone _____ Supervisor name _____

Employer _____ Date of employment: From _____ To _____
Address _____
Position/Duties _____
Telephone _____ Supervisor name _____

Additional Information:

1. What is your reason for seeking to volunteer here? _____

2. Do you consider yourself a Christian? ____ Yes ____ No
If yes, how long have you been a Christian? _____

3. As a Christian, what is the basis of your salvation? _____

4. Please provide the following information concerning your local church.

Church name _____ Denomination _____
Address _____
Pastor's name _____ Phone _____
Positions in which you have served _____

5. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide physical and spiritual needs of families in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

6. What special skills, talents, gifts, or personality traits would you bring to this ministry?

7. What do you consider to be your possible areas of weakness?

8. Are there any particular personality types with whom you have difficulty working? _____

(Explanation)_____

9. Have you ever known a single pregnant woman? ☐ Yes ☐ No

10. Are you currently or have you ever been involved in seeking to adopt a child? ☐ Yes ☐ No

11. Have you ever counseled a woman who was considering an abortion? ☐ Yes ☐ No

(Explanation)_____

12. Have you had any traumatic experiences relating to abortion? ☐ Yes ☐ No

(Explanation)_____

13. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

_____ Never an option

_____ Other (specify) _____

References:

Pastoral Reference

Name: _____

Address: _____

Phone: _____

Years Acquainted: _____

Personal Reference:

Name: _____

Address: _____

Phone: _____

Years Acquainted: _____

Relationship: _____

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APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Hope Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Hope Center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at Hope Center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the Hope Center's Statement of Faith and Volunteer Covenant.

Signature of
applicant _____ Date _____