



Form R

(For Office Use Only)

Date Application Received _____

Volunteer Application

Last Name		First Name		MI
Address				
City			State	Zip
Home Phone () -		Work Phone () -		Cell Phone () -
Email			Date of Birth / /	
Emergency Contact Person			Relationship	
Emergency Contact Phone				
EDUCATION				
College and/or Vocational School:				
School		Date	Degree Earned	
School		Date	Degree Earned	
List any special training, certifications, or educational experiences:				
EMPLOYMENT HISTORY: (List most recent employment experience first.)				
Employer		Dates: From to		
Address				
Position / Duties				
Telephone		Supervisor Name		
Employer		Dates: From to		
Address				
Position / Duties				
Telephone		Supervisor Name		
COMMUNITY INVOLVEMENT / VOLUNTEER EXPERIENCE				
Organization				
Address		Supervisor Name		
Position / Duties				
Telephone		Dates: From to		

Organization		
Address	Supervisor Name	
Position / Duties		
Telephone	Dates: From to	
ADDITIONAL INFORMATION		
<p>Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?</p> <p><input type="checkbox"/> Never an option <input type="checkbox"/> In cases of rape/incest</p> <p><input type="checkbox"/> In cases of extremely severe psychological stress <input type="checkbox"/> Other</p>		
<p>Have you ever had an abortion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(explanation)</p>		<p>Miscarriage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever experienced sexual abuse/assault? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(explanation)</p>		
<p>Are you currently or have you ever been involved in seeking to adopt a child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(explanation)</p>		
<p>Do you consider yourself a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>As a Christian, what is the basis of your salvation?</p> <p>(explanation)</p>		
<p>Briefly share your salvation story.</p>		

Church Name
Church Address
Describe your church involvement.
Briefly state why you are seeking a Volunteer position at Gateway.

REFERENCES

Please list persons who are not related to you and who have known you for at least two years. Include at least one pastor or church leader.

Name	Address	Phone #	Years Acquainted	Relationship
1.				
2.				

VOLUNTEER OPPORTUNITIES

In which areas:

- Administrative**
 Client Advocate
 Post Abortion Care
 Sonographer
 Chaperone
 Nurse
 Prayer Team

VOLUNTEER QUALIFICATIONS

1. A commitment to Jesus Christ as Lord and Savior
2. Full agreement with Gateway's Statement of Faith, Statement of Principal, and Confidentiality Agreement.
3. Dependable, stable and capable of following through on commitments
4. A sincere desire to reach out to people with the love of Jesus Christ.
5. Currently involved in and attending church regularly.
6. The ability to adjust to a client's pace of progress and growth.
7. Knowledge of scripture, especially pertaining to the sanctity of human life, forgiveness, and salvation.
8. Ability to respect confidentiality.
9. Completion of the Gateway volunteer training.
10. Willingness to attend volunteer in-services.



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APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Gateway to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Gateway and any person or entity providing such reference based upon such information. I also understand my submission of this application does not guarantee my acceptance as a Gateway volunteer.

I agree to fully adhere to Gateway's policies and procedures. I further certify that I have read and that I am in full agreement with Gateway's Statement of Faith, Statement of Principle, and Confidentiality Agreement.

Signature of Applicant _____ Date _____

**BY RETURNING THIS APPLICATION, YOU ARE GRANTING
GATEWAY PERMISSION TO CONDUCT
A BACKGROUND CHECK.**