



## Care Center Volunteer Application

### Contact Information

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Marital Status (*Check all that apply*):  
☐ Married ☐ Engaged ☐ Divorced ☐ Live Together  
☐ Remarried ☐ Separated ☐ Widowed ☐ Single  
 Spouse Name \_\_\_\_\_ Church Home \_\_\_\_\_  
 Spanish Speaking? ☐ Yes ☐ No

### Education

☐ Less Than High School ☐ High School Diploma ☐ GED  
 School Name, City, and State \_\_\_\_\_  
☐ College/University ☐ Vocational School ☐ Other \_\_\_\_\_  
 School Name(s) \_\_\_\_\_  
 Years Completed \_\_\_\_\_ Degrees Earned \_\_\_\_\_ Dates \_\_\_\_\_  
 List and describe other training or degrees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Volunteer Experience

**List the most recent experience first.**

Organization Name \_\_\_\_\_ Dates of Service \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
  
 Organization Name \_\_\_\_\_ Dates of Service \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization Name \_\_\_\_\_ Dates of Service \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

### ***Employment History***

***List most recent employment first.***

Company Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

### ***Spiritual History***

*This organization is a pro-life Christian Ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy support and sexual health services in this community.*

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_ Years of Membership \_\_\_\_\_  
 Positions in which you have served: \_\_\_\_\_

1. Have you accepted Jesus Christ as Lord and Savior? \_\_\_\_\_ How long? \_\_\_\_\_
2. In your own words, what does it mean to be a Christian? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. On a separate piece of paper, please tell us the story of how you personally came to accept Jesus Christ as your Lord and Savior. ***A space is provided on the final sheet of this application.***

4. What is your reason for seeking to volunteer with us? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Please write a brief statement about how your faith would empower, enable, and motivate your volunteer work at this center. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What special skills, talents, gifts, or strengths would you bring to this ministry?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. What do you consider to be your possible areas of weakness? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ***Personal Experience***

*We believe that who you are today is to some degree shaped by personal experiences from your past. How you dealt with these experiences (positive or negative) can determine whether they facilitate or hinder your ministry to others.*

***You have the option of leaving questions #1-5 blank and discussing them in person with the Center Services Director.***

1. Have you been under a doctor's care in the past two years? If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Have you been in therapy or counseling in the past two years? If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you ever counseled a woman who was considering an abortion? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you yourself had an abortion or any traumatic experiences relating to abortion? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been a victim of sexual, physical, or emotional abuse? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever been convicted of a crime? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_
7. How does your spouse/family feel about your involvement in this ministry? \_\_\_\_\_  
\_\_\_\_\_
8. Are there any particular personality types with whom you have difficulty working? \_\_\_\_\_  
\_\_\_\_\_
9. Under what circumstances would you consider abortion to be an alternative for a woman with a crisis pregnancy?
  - ☐ Never an option
  - ☐ In cases of rape or incest
  - ☐ In cases where the mother's life was in extreme peril
  - ☐ In cases of extreme psychological distress
  - ☐ In cases of adverse diagnosis (the baby has Down's syndrome, etc.)
  - ☐ Other (please specify) \_\_\_\_\_

Please explain your answer(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please rate yourself in the following areas (*Excellent, Good, Fair, or Poor*):
  - a. Knowledge of abortion methods \_\_\_\_\_
  - b. Knowledge of current laws concerning to abortion \_\_\_\_\_
  - c. Knowledge of what the Bible teaches about abortion \_\_\_\_\_

11. What are your thoughts on adoption? \_\_\_\_\_

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12. Are you currently or have you ever been involved in seeking to adopt a child? If yes, please elaborate. \_\_\_\_\_

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### **Character References**

*Please provide the name and phone number for three people to whom you intend to send your reference forms (two friends and one pastor/spiritual leader). Please ask them to fill out the forms and mail/email them to the Care Center. Thank you.*

<b>Name</b>	<b>Phone Number</b>
<b>Friend 1</b>	
<b>Friend 2</b>	
<b>Pastor/Spiritual Leader</b>	

### **Areas of Interest**

*Please check all that apply to your strengths and interests.*

- ☐ Office administration
- ☐ Client advocacy
- ☐ Fundraisers
- ☐ Mentoring
- ☐ Parenting Classes
- ☐ Hope Project
- ☐ Medical

### ***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 Care Center Huntsville to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Care Center Huntsville 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. If I become a volunteer at Care Center Huntsville, I agree to fully adhere to all its policies and rules. I recognize that as a volunteer, I will serve a different role than the employees of Care Center Huntsville, and I am not seeking nor expecting to receive any compensation or other benefits in return for my volunteer services which I may provide for this ministry.*

I further certify that I have read and that I am in full agreement with Care Center Huntsville's Statement of Faith.

Signature of Applicant _____	Date _____
Received by _____	Date _____
Interviewed by _____	Date _____

## Care Center Huntsville Statement of Faith



### **Mission Statement**

*Telling the Truth about Healthy Life Choices*

### **Vision Statement**

*Share the good news of Jesus Christ through peer counseling with women & men in unplanned pregnancy situations, educating women & men to make wise decisions in all areas of their lives-physically, spiritually & relationally.*

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.





## Character Reference Form

Reference for \_\_\_\_\_

*The above-named person has applied to volunteer for Care Center Huntsville, a Christ-centered pregnancy resource center. The applicant has authorized us to conduct a reference check. A volunteer provides support to men or women by telling the Truth about healthy physical, spiritual, and relational life choices. Care Center Huntsville seeks to save lives both in the womb and for eternity.*

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their lives.
2. A dependable, responsible attitude; a willingness to give of themselves to the women with whom they work.
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth.

We have asked each applicant to supply us with three references—one from their pastor and two from a person who knows them well. Please answer the questions below and write a short paragraph describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? (e.g., pastor, relative, friend) \_\_\_\_\_

Please briefly describe the applicant and your relationship with the applicant.

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Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

CARE CENTER HUNTSVILLE  
 P.O. BOX 7125  
 HUNTSVILLE, TX 77342

Or email to [csd@carecenterhuntsville.org](mailto:csd@carecenterhuntsville.org)