

Application for Mentors



Date: _____

Name: _____

Address: _____ City: _____

Cell Phone: _____ Home Phone:

Email: _____

Age: _____ Birthdate: _____ Relationship Status: M S

Spouse Name: _____

Have you volunteered here before? If so, when and in what capacity? _____

Education:

High School you attended: _____

Diploma: Y N Year: _____ GED: Y N

Collage/ Vocational school: _____

Degree: Y N Degree earned: _____

Describe other training or degrees: _____

Previous Volunteer Experience List most recent experience first.

Organization: _____ Date of Service: _____ to _____

Address: _____

Position/duties: _____

Phone: _____ Supervisor Name: _____

Organization: _____ Date of Service: _____ to _____

Address: _____

Position/Duties: _____

Phone: _____ Supervisor Name: _____

Employment History:

Employer: _____ Date of employment: _____

Address: _____

Position/Duties: _____

Phone: _____ Supervisor Name: _____

Have you ever been convicted of a crime: Y N If yes explain: _____

Additional Information:

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

What is your reason for seeking to volunteer here? _____

What special skills, gifts, talents, or personality traits would you bring into this ministry? _____

Have you ever had an addiction to anything? _____ If yes, explain _____

Are you currently seeking to adopt? _____

Have you had any traumatic experiences relating to abortion? _____

If yes, please explain: _____

Under what circumstances would you consider abortion as an alternative for a woman with an unexpected pregnancy? _____

What do you consider to be your areas of weakness? _____

Describe your personality: _____

How do you handle conflict? _____

Do you agree with our vision and statement of faith? _____

Do you consider yourself a Christian? _____ If yes how long? _____

Please write how you came to know Christ as your Lord and Savior. If you need more space, please attach an extra page.

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

How comfortable are you sharing the message of salvation? _____

Do you know what your spiritual gift is? _____

Please provide the following information about your church.

Church Name: _____

Denomination: _____ Phone: _____

Address: _____

Pastor's name: _____ Years attended: _____

Ways you serve in your church: _____

References:

Please list the names and email addresses of three people, one being your pastor that we can contact for references.

Name: _____ Phone: _____

Email: _____

Relationship: _____ Years known: _____

Name: _____ Phone: _____

Email: _____

Relationship: _____ Years known: _____

Name: _____ Phone: _____

Email: _____

Relationship: _____ Years known: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts outlined in this volunteer application are true and complete to the best of my knowledge, and I authorize Heartland Pregnancy Care & Family Life Services to verify their accuracy and to obtain reference information concerning my charter and capabilities. I release Heartland Pregnancy Care Center and any person or entity providing such reference information from any liability relating to the provision of such information relating to any decisions made based upon such information. I permit Heartland Pregnancy Care 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 Heartland Pregnancy Care & Family Life Services, I agree to fully adhere to its policies and rules, including those rules relating to and maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than employees of Heartland Pregnancy Care Center, and I am not seeking or expecting to receive any compensation or other benefits in return for any volunteer services that I provide for this ministry.

I further certify that I have read and am in full agreement with Heartland Pregnancy Care & Family Life Services Statement of Faith and Statement of Principle.

Applicant Signature _____ Date _____

The Statement of Faith and Statement of Principle can be found at friendsofheartland.com. Please return this application to the following address or email it to the email address listed below.

Heartland PCC
1025 S. Washington Rd STE C
Newton Ks 67114

resourcemanager@heartlandpcc.com