



## Volunteer Application

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Today's Date

\_\_\_\_\_  
Street Address City State Zip

H (\_\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_\_) \_\_\_\_\_ C (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact preference: Home Work Cell Email Best time: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Occupation DOB SS#

Marital Status: Single Married Divorced Widowed Do you have children? Yes No  
If yes, List names & ages? \_\_\_\_\_

Where do you attend Church? \_\_\_\_\_ Are you a member? Y N

*Please answer the following, giving as much information as you can. Attach sheets if needed.*

1.) Briefly describe your Christian experience, along with dates, and any information you feel would be beneficial for us to know. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Describe your spiritual gifts and personal strengths. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3.) List any educational or training background that would be helpful in your volunteering.

\_\_\_\_\_  
\_\_\_\_\_

4.) Have you ever worked with hurting young women? If yes, please describe your experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.) Describe any experiences you have had related to unplanned pregnancy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.) Please share your heart for wanting to volunteer with MMH? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.) Are you currently volunteering for any organization?  Y  N If yes, briefly describe.  
\_\_\_\_\_  
\_\_\_\_\_

8.) Are you willing to commit to volunteer for  6 mo.  1 yr. Other: \_\_\_\_\_

9.) Describe your availability

M \_\_\_\_\_ TH \_\_\_\_\_ SA \_\_\_\_\_  
T \_\_\_\_\_ F \_\_\_\_\_ SU \_\_\_\_\_  
W \_\_\_\_\_

10.) Check areas of interest below:

- Teach Job Skills     Tutoring (list subjects on back)     Recreation     Sewing
- Calling for Events     Administrative (list skills on back)     Research     Budgeting     Crafts
- Labor Coach     Field Trips/Outings     Mentor/Discipleship     Bible Study
- Childcare Classes     Childbirth Ed     Maintenance/home repair
- Prayer/Intercession     Fundraising/Events     Transportation     Public Relations
- My Idea: \_\_\_\_\_

Personal References: List two people who know you well, other than household/family members

Name _____ Relationship _____ Occupation _____
Address _____
Day (_____) _____ Evening (_____) _____ Email: _____

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Address _____
Day (_____) _____ Evening (_____) _____ Email: _____

*By signing below I acknowledge the above information is true and I agree to a national background check.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Today's Date