



Christian Care Center

Pregnancy & Family Care Center

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Positions Available: Please circle all that apply

Counselor Receptionist Clothes Closet

Shifts Available: Please check times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:45-1:00					
12:45-5:00					

Education:

What is your highest level of education?

Do you have any special qualifications that would be helpful in this ministry?

Please tell us why you feel led to become a volunteer at the Pregnancy & Family Care Center.

Regardless of your volunteer position, please answer the following questions on the next pages.

Are you willing and comfortable sharing your faith in Jesus?

Have you ever received training to share your faith? Yes / No

If so, tell us about that training.

If not, would you be willing to participate in personal evangelism training? Yes / No

What do you believe to be your primary spiritual gift and why?

Do you prefer working with large groups or in one on one interactions? Why?

Do you believe that your spouse or close family members will be supportive of your work? Why or why not?

Explain your perception of the role of prayer in the work of the Pregnancy & Family Care Center.

Have you experienced or are you currently dealing with any traumatic life events in the past year? If so, please share about the event, how you dealt or are dealing with it. What was the outcome?

Please share any other experiences, training or traits that you may have that you believe would be of value in helping people in unplanned pregnancies.

Have you had an abortion? Yes/ No If so, please share your story and how you feel about the decision now.

Under what circumstances would you consider abortion as an alternative for a woman in a crisis pregnancy

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> In cases of incest or rape |
| <input type="checkbox"/> In cases of extreme psychological stress | <input type="checkbox"/> For maternal health reasons |
| <input type="checkbox"/> For health concerns for the baby | <input type="checkbox"/> In cases of genetic abnormalities |

Briefly share your views on adoption.

Has adoption touched your life either directly or indirectly? Yes / No If yes, please share your experience.

Briefly describe how you would counsel a young woman experiencing an unwanted pregnancy.

Please add any additional information that might help us to know you better.

OFFICE USE ONLY

Date submitted: _____

Date of interview: _____ Interviewer _____

Comments:

Director's Approval: Yes / No

Alternate position: _____

Date Approved: _____