



Christian Care Center

Women's Care Center

Position : _____

Shifts Available: Please specify times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

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 Women's Care Center.

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?

Would you have issues working with people from any other ethnic or socio-economic backgrounds or with certain personality types? If yes, please explain.

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

Are you currently being treated for any medical or psychological problems? If yes, please explain.

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

Please share any other experiences , training or traits that you may have that you believe would be of value in helping women struggling with life issues?

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Date submitted: _____

Date of interview: _____ Interviewer _____

Comments:

Director's Approval: Yes / No

Alternate position: _____

Date Approved: _____