



VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	DATE
STREET ADDRESS		PRIMARY TELEPHONE	SECONDARY TELEPHONE
CITY	STATE	ZIP	EMAIL

GENERAL INFORMATION

Yes No In the last ten years, have you been convicted of or pleaded guilty to a felony or other offense including military service convictions or guilty pleas?

Yes No Are you related, biologically or by legal action, to any employee or volunteer of C.A.R.E. Medical Center? If yes, please state name and relationship: _____

Yes No Have you ever applied for a position with CMC before? If yes, please state date applied and position: _____

Yes No Have you ever been employed or volunteered at CMC before? If yes, please state dates of employment/volunteer work and previous title: _____

Yes No Why did you leave CMC? _____

Yes No Have you ever been known by a different name? If yes, please indicate: _____

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	DEGREE AND MAJOR COURSE
HIGH SCHOOL	FROM: TO:		
COLLEGE	FROM: TO:		
GRADUATE/PROFESSIONAL	FROM: TO:		
OTHER	FROM: TO:		

ADDITIONAL QUESTIONS

Please indicate what area of ministry you are applying for:

- Pregnancy Medical Clinic- Patient Advocate, Receptionist, Admin., Post Abortion Support Group Leader
- FutureImpact -Presentations at Public and Private Schools
- Thriving Heart – Mentor

CMC Volunteer Application (continued)

- Mary's Inn Maternity Home
- Social Media, Newsletter
- Boutique- Sorting, organizing, taking inventory
- Other: Please specify position _____

1. Do you agree, without reservation, with CMC's Operating Statements? Yes No (Please Circle One)

If not, for which statements do your personal beliefs differ?

2. What interests you about working in this type of ministry?

3. What personal strengths/skills do you bring to this position?

4. We offer a Post Abortion Support Group for women who have experienced an abortion in their past. Your answer to this question is confidential. Volunteers are required to participate in this group for the purpose of finding freedom and to better help the women we serve. Have you had an abortion? If so how long ago and have you been through a post abortion support group?

5. Please list any experience, skills, honors, awards, or information you feel may be helpful to us in considering your application.

6. CMC is an interdenominational, Christian organization. Would you be willing to work in harmony and cooperation with other Christians whose doctrine may differ from your own? Yes No (Please Circle One)

7. If you consider yourself a Christian, briefly describe how and when you became a Christian.

8. What do you do to keep growing in your relationship with the Lord?

9. How has God been working in your life recently?

10. Do you have a mentor in your life? How do they help you in your spiritual walk?

11. Do you have a prayer partner? How often do you pray together?

12. In what areas do you feel you would like to grow in your faith?

Church Affiliation Information

Do you have a church fellowship you attend on a regular basis? Yes No (Please Circle One)

If not, please explain: _____

Church: _____

Pastor: _____

Phone: (____) _____ How long you've attended: _____

Please list any other faith-based groups that you are involved with:

Volunteer Experience

Please list your volunteer experience, starting with the most recent. Use the back of this page if needed.

Organization Name	Years of Service	Description of Responsibilities

REFERENCES

Please provide the names and addresses of three (3) character references. These references should include your pastor and two people familiar with your skills/experience. No family members.

Name	Mailing Address & Email Address	Position	How long have you known this individual?

BACKGROUND CHECK

All CMC staff and volunteers must pass a background check prior to serving in our center. In addition, please answer the following questions:

1. Have you ever been cautioned, charged, or convicted of a criminal offense? YES NO
If yes, please explain:

2. Have you ever been accused or convicted of abuse to children or adults? YES NO

If yes, please explain:

3. Have you ever been accused or convicted of assault: YES NO

If yes, please explain:

By signing this application you are acknowledging the above stated information is true to the best of your knowledge and that you have personally filled out this application.

Signature _____

Date

____/____/____