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VOLUNTEER FORM

Thank you for your interest in volunteering at *Life Choices Pregnancy Center*. *Life Choices* focuses on providing loving alternatives to abortion for women experiencing a crisis pregnancy as well as support and counseling to women in need.

Application Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Children/Ages: _____

Occupation: _____

Days/Hours Available to Volunteer: _____

Education:

High School: _____ Years Completed: _____

College: _____ Years Completed: _____

Degree: _____ Other Studies: _____

General Information:

How did you hear about *Life Choices*?

Why are you interested in volunteering at *Life Choices*?

Do you have any prior experience or training working with women in crisis pregnancies at other centers? Yes No

Where and When?

Have you ever been involved in ministries or organizations that would help in ministering to women in crisis pregnancies? Yes No

Do you consider yourself Pro-Life or Pro-Choice? Pro-Life Pro-Choice

Under what circumstances would you consider abortion as an alternative? Please check the following:

- Never In Cases of Rape In Cases of Incest
 In Cases of Severe Psychological Stress In Cases of Young Age

Please feel free to expand on the above issues:

Have you ever had an abortion or experienced an unplanned pregnancy? Yes No

If you had an abortion, have you ever received help or support from Post Abortion groups such as Rachel's Hope? Yes No

How do you feel about abortion now?

Have you ever counseled a woman who was considering abortion? Yes No

Please explain:

What are your feelings about adoption?

Are you currently seeking to adopt or know anyone who is?

When do you feel sexual intercourse is acceptable?

What are your feelings regarding birth control for teenagers and single adults?

How do you feel about Natural Family Planning? Do you have any special training or knowledge regarding this?

Do you attend church? Yes No

Which one? _____

Which aspect of this ministry do you wish to know more about and consider becoming involved in? Please check the following:

- Fundraising
- Going out to the community to ask for donations such as baby items, food script, gift certificates and other needs of the center
- Office work
- Prayer support
- Help with Parenting Classes
- Speaking at schools, youth groups or churches
- Helping clean the center
- Do you speak Spanish?

I have to the best of my ability answered these questions truthfully and from the heart. If I become part of the ministry of *Life Choices*, I would follow and respect the values they put forth and agree to the **absolute confidentiality** of each client and volunteer.

Signature: _____

*Please return this form to the center. You will be notified with the date of the next training session. Thank you for considering volunteering at **Life Choices Pregnancy Center**.*