



# CHOICES

WOMEN'S CENTER

## NON-CLIENT VOLUNTEER APPLICATION

**NAME** Last First Middle Initial

**ADDRESS** Number & Street City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_

(PLEASE CIRCLE PREFERRED METHOD OF CONTACT)

Birthdate \_\_\_\_\_ Date \_\_\_\_\_  
Month/day Month/day

1. What is your motivation for seeking to volunteer with Choices Women's Center?

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2. How did you hear about Choices Women's Center?

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3. Do you consider yourself a Christian? \_\_\_\_\_ If so, how long have you been a Christian? \_\_\_\_\_

4. What does it mean to you to be pro-life? \_\_\_\_\_

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5. Please provide the following information regarding the church you attend:

Church name \_\_\_\_\_ Denomination \_\_\_\_\_

Does your church participate in any of the following: baby bottle campaigns, Life teams, Sanctity of Human Life Sundays, Annual LifeWalk, etc.? \_\_\_\_\_

Does your church have a Choices Women's Center church ambassador? If so, do you know who?

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6. What special skills, talents, gifts, or personality traits would you bring to this ministry? \_\_\_\_\_

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7. What days/times work best with your schedule to volunteer at Choices Women's Center? \_\_\_\_\_

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