



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?

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

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? _____

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?

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

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