

## Expect Hope Volunteer Application

Date of Application: \_\_\_\_\_ Date available to begin volunteering: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Birth date (day/month/year): \_\_\_\_\_

Marital status:   single           married   widowed           divorced           remarried

If married, how many years? \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Educational Information

Please list all degrees held. Describe your area(s) of concentration.

### Church Information

Name and location of Church:

Name of Pastor(s):

How long have you attended and/or been a member of your church?

If you are not a member, please explain.

Please describe the roles you currently have in your church community.

What other ways have you served your church and the greater community?

## Professional Experience

Please summarize your work experience.

Which positions have specifically equipped you for your desired role at Expect Hope?

What other training or licenses have you received to prepare you for this position?

## Regarding Expect Hope

Why do you want to volunteer for Expect Hope?

In which area(s) would you like to volunteer?

Individual Mentor

Mentor Family

Father Mentor

Tutor

Parent Assistant

Event Hostess

Labor Coach/Doula

Visiting Nurse

Ambassador

Prayer Team Member

House Maintenance

Life Skills Teacher

- Job Readiness
- Computer skills class
- Personal Finance
- Childbirth Preparation
- Parenting (0-12 months) Infant care
- Parenting (1-2 years) toddler care
- Healthy Relationship Choices
- Nutrition
- Health
- Cooking
- Self defense
- Arts
- Other: \_\_\_\_\_

How will your unique gifts and abilities enable you to serve the women who will reside at Expect Hope well?

Please describe your understanding of the needs expectant women have when they enter this program.

What are the best ways Expect Hope can meet these needs and serve these women?

What will be your goals as a volunteer of Expect Hope?

How long do you envision being employed by this program?

**Life Experience and Personal Beliefs**

What involvement have you had in other life affirming (pro-life) endeavors or organizations?

What is your experience with single parenting?

Please explain the Biblical concept of sex.

Please explain the Biblical concept of a preborn baby.

When do you believe life begins?

Have you ever been involved in a situation where you or someone close to you had an abortion? (If you would prefer to answer this question via discussion with the Program Director, please indicate this.)

Is there ever a circumstance in which abortion is a morally acceptable choice? If so, please explain.

Have you ever been convicted of a criminal offense? If yes, please explain.

Please describe your personal testimony and relationship with God, briefly and specifically.

**References**

List at least two personal and two professional references, none of whom may be related to you.

<b>Position</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email address</b>	<b>Address</b>
Pastor				
Supervisor				
Employer				

If any information is found to be falsified or omitted from my application, I understand that I will not be considered as a volunteer. If this is discovered after the start of my time of service at Expect Hope, I understand that I will be subject to immediate dismissal.

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent Form**

*Statement of Consent*

I authorize Expect Hope to interview all references provided on my application and any secondary references to which they are directed. I acknowledge that I do not have the right to review any information, including records, letters, reviews, or other documentation that Expect Hope may receive as a result of these interviews.

I consent to random drug testing at any time prior to or during my employment at Expect Hope.

I authorize Choice Point Services, Inc. to obtain a consumer report on me any time prior to or during my employment.

I agree to authorize a criminal background check and to be fingerprinted upon request prior to or during my employment.

I consent to the use of my image for the purposes of both record keeping and promotional materials, including both printed and electronic publications and other electronic communications.

I affirm the Expect Hope’s [Statement of Faith](#) and [Statement on Marriage, Gender, and Sexuality](#).

I agree to abide by the [Commitment to Christ-Centered Conduct](#).

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_