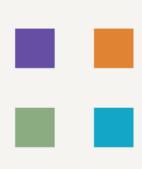
CLARITY SOLUTIONS

NAME

Pastor 1. ______ Friend 2. _____ Friend 3.





APPLICANT'S NAME	DATE
	EMAIL
ADDRESS	CITY/STATE/ZIP
CHURCH	EDUCATION(LEVEL COMPLETED)
OCCUPATION	
MARITAL STATUSSPOUSE'S OCCU	PATION(IF APPLICABLE)
CHILDREN (NAMES & AGES)	
Are you involved in any other volunteer work a	at this time?
What hours do you think you will be available to	to work?
Do you have experience or training that would	
Please give a brief description of your Christian	n beliefs and how you were led to Pro-Life ministry.
What is your attitude about sharing your faith	in Jesus Christ?
What are your views on abortion?	
Under what circumstances do you feel abortio	n may be justified?
Have you ever had an abortion? yes n If yes, have you ever been involved in a post-al If so, when and where?	
If not, we would be excited for you to get conn	ected to our post-abortive program. You will receive additional information.
REFERENCES Names and Phone #'s of three (3) character repeople to complete).	ferences, one being your pastor (you may be given reference forms for these

PHONE