

CLARITY SOLUTIONS

VOLUNTEER APPLICATION



APPLICANT'S NAME _____ DATE _____
 PHONE _____ EMAIL _____
 ADDRESS _____ CITY/STATE/ZIP _____
 CHURCH _____ EDUCATION(LEVEL COMPLETED) _____
 OCCUPATION _____
 MARITAL STATUS _____ SPOUSE'S OCCUPATION(IF APPLICABLE) _____
 CHILDREN (NAMES & AGES) _____

Are you involved in any other volunteer work at this time?

What hours do you think you will be available to work? _____
 Do you have experience or training that would be of value to Clarity?

Please give a brief description of your Christian 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 abortion may be justified?

Have you ever had an abortion? ___ yes ___ no
 If yes, have you ever been involved in a post-abortive healing group? ___ yes ___ no
 If so, when and where?

If not, we would be excited for you to get connected to our post-abortive program. You will receive additional information.

REFERENCES

Names and Phone #'s of three (3) character references, one being your pastor (you may be given reference forms for these people to complete).

NAME	PHONE
Pastor 1. _____	1. _____
Friend 2. _____	2. _____
Friend 3. _____	3. _____