



...extending Christ-like love in a compassionate and responsive manner that empowers women to choose life.

APPLICATION FOR VOLUNTEERING

(To be considered for a volunteer, it is important that all portions of this application are completed. Must be completed in Adobe, NOT online.)

Name: Last _____ First _____ Middle _____

Telephone Numbers: Home _____ Work _____

Date of Birth: _____ Email: _____

Address: _____

City _____ State _____ Zip Code _____

Date Available: _____

Which Shift can you work? Morning Afternoon Evening

Have you previously worked or applied at a pregnancy help center? Yes No

If yes, give name of center and dates. _____

How were you introduced to Thrive? _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____

Spouse's Occupation: _____

Children:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

EDUCATION

Name & Address of Last School You Attended _____

Major/Minor (if applicable) _____

Year Completed _____

Degree Awarded _____

Last Attended

High School 1 2 3 4 College 1 2 3 4

Graduate School _____

Business/Technical _____

Other _____

CHRISTIAN COMMITMENT

Because Thrive is an interdenominational Christian organization, would you be willing to work and cooperate with other Christians whose doctrines may differ from your own? ___Yes ___No

Have you trusted Jesus Christ as Lord and Savior? ___Yes ___No When? _____

Please describe your relationship with Jesus Christ: _____

EMPLOYMENT/ VOLUNTEER RECORD

List below three former employers and any organizations you have volunteered for during the previous five years beginning with the most recent or present. Former employers/organizations will be contacted if you and Thrive develop a strong mutual interest.

From: Month/Year ____/____ To Month/Year ____/____
Name of Organization _____
Address of Organization _____

Position Held _____
Name of Immediate Supervisor _____ Phone Number _____

From: Month/Year ____/____ To Month/Year ____/____
Name of Organization _____
Address of Organization _____

Position Held _____
Name of Immediate Supervisor _____ Phone Number _____

From: Month/Year ____/____ To Month/Year ____/____
Name of Organization _____
Address of Organization _____

Position Held _____
Name of Immediate Supervisor _____ Phone Number _____

PERSONAL

What is your family background? _____

How does your family/spouse feel about this kind of work? _____

What are your areas of strength? _____

Where do you feel you need to improve? _____

Why would you like to be a Thrive volunteer? _____

Describe your emotional stability. _____

What communicates appreciation to you best (for example, words of affirmation, tangible gifts, quality time)?

Have you ever had the opportunity to counsel a woman experiencing an unplanned pregnancy?
 Yes No If yes, please explain.

Have you personally experienced an unplanned pregnancy? Yes No
If yes, please explain. _____

What are your views on abortion? Any exceptions? _____

What are your views on abstinence outside of marriage? _____

If you are single, do you practice abstinence? ___Yes ___No

Briefly explain the plan of salvation. _____

PERSONAL REFERENCES

Please list three individuals (not related to you) who have knowledge of your personal abilities and character.

Name _____ Email: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Nature of Relationship _____

Name _____ Email: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Nature of Relationship _____

Name _____ Email: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Nature of Relationship _____

CHURCH REFERENCE

Pastor's Name _____ Church Name _____

Church Address _____

City _____ State _____ Zip Code _____

Church Phone Number _____

How long have you attended? _____

How are you involved at your church? _____

CRIMINAL RECORD

Have you been convicted of any criminal offense in the last seven years? ___Yes ___No

If yes, indicate the nature of the offense, date, court and disposition. _____

I, the undersigned, understand that the information I have provided may be verified, if necessary, by contacting persons named on this form. I agree to release from liability any person or organization that provides such information. I also understand and agree that Thrive may do further background checks on my personal driving record and criminal history (if any). I release Thrive from any responsibility of doing such a check. I understand that this information will be used to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer here, they may repeat these driving and criminal background history record checks at any time. In signing this form, I affirm that the information I have given is true and correct.

Signature: _____ Date: _____

Please return to: Earlene Jones via email – ejones@thrivewomensclinic.com fax – 214-343-1119 or by mail: Thrive Women’s Clinic, 6500 Greenville Ave. Suite 600, Dallas, TX 75206