



*...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.)

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_

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](mailto:ejones@thrivewomensclinic.com) fax – 214-343-1119 or by mail: Thrive Women’s Clinic, 6500 Greenville Ave. Suite 600, Dallas, TX 75206