



# Volunteer Application

Some questions contained in this application are extremely personal. The answers will be held in strict confidence. If you are uncomfortable answering any items, leave them blank but do plan to discuss them during your interview.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

## Education Background:

School \_\_\_\_\_ Major \_\_\_\_\_

Graduation Year \_\_\_\_\_

School \_\_\_\_\_ Major \_\_\_\_\_

Graduation Year \_\_\_\_\_

## Present Employment (if applicable):

Organization \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Phone \_\_\_\_\_

Position/Duties \_\_\_\_\_

Please describe any other past work experience. \_\_\_\_\_

## General Information:

1. How did you first become aware of Mend Medical Services?

\_\_\_\_\_  
\_\_\_\_\_

2. Briefly state what makes you interested in working with Mend Medical Services.

\_\_\_\_\_  
\_\_\_\_\_

3. What specific skills, talents, gifts, or personality traits would you bring to this organization?

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4. What do you consider your areas of strength?

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5. What do you consider your areas of weakness?

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6. List previous volunteer work including when, where, and how long.

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7. List previous work in a ministry including when, where and how long.

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8. If you are married, to what extent is your spouse supportive of your application to volunteer at Mend?

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**Additional Information:**

1. Do you consider yourself a Christian? \_\_\_ YES \_\_\_ NO  
a. If yes, how long have you been a Christian? \_\_\_\_\_

2. Please write a brief statement about how your faith would affect your work with Mend Medical Services?

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3. Are there any types of persons with whom you have difficulty working?

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4. How do you handle conflict with others?

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5. Please provide the following information concerning your local church:

Church Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Positions in which you have served. \_\_\_\_\_

6. Have you ever counseled a woman who was considering an abortion? \_\_\_\_ YES \_\_\_\_ NO

a) Explain: \_\_\_\_\_

7. Have you had any experiences relating to abortion? \_\_\_\_ YES \_\_\_\_ NO

8. Have you ever known an unwed mother? \_\_\_\_ YES \_\_\_\_ NO

9. Are you currently or have you ever been involved in seeking to adopt a child? \_\_\_\_ YES \_\_\_\_ NO

10. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

\_\_\_\_ Never an option

\_\_\_\_ Physical defects/handicaps of unborn child

\_\_\_\_ Rape or incest

\_\_\_\_ Hostile Partner

\_\_\_\_ To save the mother's life

\_\_\_\_ Extreme psychological distress

\_\_\_\_ Financial hardship

\_\_\_\_ Other (specify) \_\_\_\_\_

11. How would you rate yourself in the following areas:

Knowledge of abortion methods

\_\_ excellent \_\_ good \_\_ fair \_\_ poor

Knowledge of current laws concerning abortion

\_\_ excellent \_\_ good \_\_ fair \_\_ poor

Knowledge of adoption process

\_\_ excellent \_\_ good \_\_ fair \_\_ poor

Knowledge of pregnancy & birthing

\_\_ excellent \_\_ good \_\_ fair \_\_ poor

Knowledge of what the Bible teaches about life

\_\_ excellent \_\_ good \_\_ fair \_\_ poor

12. What are your thoughts on sexual intercourse outside of marriage?

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13. What questions, if any, would you like to have someone from Mend address?

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## Volunteer Availability and Commitment

14. Are you able to volunteer in the office on a weekly basis? Yes \_\_\_\_ No \_\_\_\_

15. How many hours are you willing to volunteer at Mend Medical Services? weekly \_\_\_\_\_ monthly \_\_\_\_\_

16. Which days are best for you? Check all that apply. Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thu \_\_\_\_ Fri \_\_\_\_

17. Which area(s) interest you for your volunteer work?

\_\_\_\_ Direct Client Interface

\_\_\_\_ Fund-raising

\_\_\_\_ Educational Mentoring

\_\_\_\_ Special Events/Projects

\_\_\_\_ Administrative/ support services

\_\_\_\_ Community Presentations

\_\_\_\_ Ultrasound/Nurse

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Social Networking

18. References:

Please list persons who are NOT related to you and who have known you for at least two years.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED	RELATIONSHIP

19. Emergency Contact:

Please let us know who we should contact in case of an emergency.

NAME	Relationship	PHONE

**Mission Statement** – Mend Medical Services demonstrates the love of Christ by equipping and supporting women before, during, and after an unexpected pregnancy.

**Our Purpose** - Mend is a private, non-profit, life affirming organization whose purpose is to help women find and implement positive, loving solutions for unplanned pregnancies. This ministry encourages women to choose life by offering support and assistance during these times of crisis. Mend provides services to women in the Tulsa Metropolitan area without regard to race, age, financial status or religious preferences.

**Statement of Faith** - As individuals representing the organization God has built and grown, Mend Medical Services, can affirm these statements about our collective and individual faith:

We believe there is one God, the creator of all that exists, who is infinitely perfect, existing eternally in three persons: Father, Son and Holy Spirit.

We believe Jesus Christ to be truly God and, in His incarnation, truly man.

We believe Jesus was born of the virgin Mary, conceived of the Holy Spirit, died on a cross for our sins, and was raised from the dead for our justification.

We believe Jesus is now seated at the right hand of God in majesty, making intercession as our High Priest. He will come again to establish His kingdom of righteousness and peace.

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Volunteer Application are true and complete to the best of my knowledge, and I authorize Mend Medical Services to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Mend Medical Services and any person or entity providing such reference information from all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer for Mend Medical Services, I agree to fully adhere to its policies and guidelines, including those rules relating to maintaining confidentiality. I certify that I have read and am in full agreement with the Mend Medical Services Mission Statement, Statement of Purpose and Statement of Faith.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for taking the time to complete this Volunteer Application and for your interest in Mend Medical Services.*