



## Administrative Volunteer Application

We are excited that you are interested in being a part of Sanctity of Life Ministries! Please fill out this application as thoroughly as possible. The information you provide will be kept strictly confidential and will be used to determine your training needs.

Date

Name

Address

City

State

Zip

Cell Phone

Home Phone

Email Address

Birthdate

Married

Yes

No

Spouse's Name

Children

Yes

No

Ages of children currently living in your home:

How does your family feel about your interest in volunteering for SLM?

Do you attend school?

If yes, where?

Current grade or last year completed.

Are you employed? Yes

No

If yes, Name of Employer

Position

Hours / days you are available to volunteer?

Is there any other important information about your ability to volunteer?

Are you a devoted follower of Jesus Christ?      Yes                      No                      Not sure

How would you describe your relationship with Jesus Christ?

Please share how you grow in your faith and relationship with the Lord? (E.g., Devotional time, etc.)

How often do you attend church?

Are you a member?              Yes                      No                      If yes, for how long?

Which church?                                      Pastor's Name

Church religious affiliation (if any):

Will your church support you as a volunteer?

Do you believe God has initiated your involvement with this ministry? Yes                      No  
If so, how?

Can you commit to volunteering regularly on a consistent basis? Please explain.

Please describe any volunteer experience you may have:

Have you had experience in speaking or teaching? Yes                      No                      Please describe:

Please list any pro-life organizations to which you belong or with whom you worked. Briefly describe your work with them.

Please list any pro-life conferences, conventions, seminars, or workshops you have attended in the past three years.

Please list any foreign languages you can speak, read and/or write. Please indicate whether you speak, read and/or write them fluently, well or fair.

Have you ever worked with a person in crisis before? Yes                      No  
If yes, please describe the nature of the crisis and your evaluation of the experience.

Have you ever known a woman with an unplanned pregnancy? Yes                      No                      If yes, in  
what capacity?

How will this ministry fit into your priorities?

There are many opportunities you could assist in, such as:

- administrative support
- answering phones
- cleaning, organizing, fixing things
- sort donated baby items (clothing, diapers, etc)
- computer support, etc.

Which areas are you interested in? What do you feel are your strengths?

At SLM, we believe that God uses every circumstance for His glory—to include ministering to others who have experienced a similar circumstance.

*“...that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God.” (2 Corinthians 1:4)*

Regarding the following questions, please know that any information you share will be kept in strict confidence.

Have you personally experienced or have you had a family member experience adoption? If so, could you describe the circumstance?

Have you personally experienced or have you had a family member experience abortion. What, if any, physical or emotional effects have you (or she) experienced?

Have you personally experienced or have you had a family member experience abortion. What, if any, physical or emotional effects have you (or she) experienced?

## References

**Please provide the requested information for two references who are not related to you and who you have known for at least one year.** At least one of your references should be from someone that is in a position of authority over you and/or has worked with you on a job or ministry related project or event (e.g., a supervisor at work, a Pastor, a small group leader, a volunteer coordinator).

### Reference #1

Name:

Contact Number:

Email address:

How long have you known this person and in what capacity?

### Reference #2

Name:

Contact Number:

Email address:

How long have you known this person and in what capacity?

By signing your name electronically on this application you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Applicant's signature

Date

Save file with your name in the file name.

Ex.: LastName\_FirstName SLM Administrative Volunteer Application

Print or email to SLM at [info@novapregnancy.org](mailto:info@novapregnancy.org).

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