



Volunteer Client Advocate 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? Yes

No

If yes, where?

Current grade or last year completed:

Are you employed? Yes

No

If yes, Employer's Name

Position

The training for a Client Advocate involves 16 hours of class time followed by a 3-month weekly practicum during your normal volunteer time slot. Will you be able to commit to completing the training and then being a Client Advocate for a minimum of one year? Yes No

Hours / days you are available to volunteer?

Any other important information about your ability to volunteer?

Do you believe in God? 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 would you share your faith with the young women you will be working with?

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):

Which of the following would you recommend to the women you will be working with?

Church attendance	Christian Literature
Bible study	Christian music
Prayer	Taped/radio teachings
Devotions	Other
Fellowship	

What (if any) church ministries/outreaches are you involved with?

What (if any) leadership positions do you hold in your church?

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

Will your church support you as a volunteer Client Advocate? Yes No

Do you believe God has initiated your involvement as a Client Advocate? Yes No
If so, how?

Why do you want to volunteer as a Client Advocate?

What are your major concerns about your role as Client Advocate?

What strengths will you bring to your role as Client Advocate?

What weaknesses might you bring to your role as Client Advocate?

Please describe any volunteer experience you may have:

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

Please list any pro-life conferences, conventions, seminars, or workshops you have attended within the last 3 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
Please describe the nature of the crisis and your evaluation of the experience.

Have you ever known a woman with an unplanned pregnancy? Yes
If so, in what capacity?

No

Please check any of the following topics you feel you **cannot** explore adequately with a client at this time (this will help us direct your training needs):

Pregnancy
Fetal Development
Maternal health & nutrition
Labor & delivery
Finances/budget
Social services
Adoption
Abortion
Sexual Integrity/Abstinence
Sexually Transmitted Infections

The client's:

Sexual history
Fear/regret/grief
Relationship with baby's father
Relationship with parents

Other

Clients may have one or more of the following histories: rape, incest, abortion, substance abuse, physical abuse, mental disorder(s), etc.). What are your concerns/objections regarding your role as Client Advocate to such clients?

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?

If you have had an abortion experience, have you ever sought counseling for it or been through a post-abortion Bible Study? If not, would you be open to participating in a post-abortion Bible Study?

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. Print or email to SLM.