



Volunteer Application

Name _____ Today's Date _____

Address _____

City _____ Zip _____

Cell Phone _____ Email: _____

Marital Status: Single ___ Engaged ___ Married ___ Divorced ___ Widowed ___

What is your living situation? _____

List your formal education above high school _____

Employed: Full Time ___ Part time ___ Retired: _____ Employer _____

Position: _____

Student: Full Time ___ Part time ___ School _____

What employment experiences have you had? _____

Why would you like to be involved in this ministry? _____

List any type of Christian work or volunteer experience: _____

Are you fluent in another language and if so, what language? _____

Have you ever been convicted of a crime? Yes ___ No ___

If yes, please explain: _____

Please briefly describe your relationship with God: (attach an additional sheet if you'd like)



Are you in agreement with the Moreno Valley Women's Health Center's Statement of Faith and Practice?

What church do you attend? _____

Name of Pastor _____

Please list one reference (other than family)

Name _____ Relationship/position _____

Phone _____

Have you ever had an abortion, or been the sexual partner of a woman who became pregnant and had an abortion? _____.

If so, have you been through Post Abortion Counseling? _____

Is there anything else you would like to tell us about yourself? _____

Below are types of volunteer roles at our center. Please check any in which you are interested:

____ Client Advocate – (three hours per week)

____ Walk for Life Fundraising Team

____ Leader (such as Board Member)

____ Prayer Team Member

____ Educator (e.g. who make presentations to Youth and College students)

____ Sidewalk Advocate (talk with people in front of the abortion clinic)

____ Church Ambassador (liaison for the center at your church)

____ Medical Clinic Committee

I affirm that the information contained on this application is true.

Applicant's Signature _____ Date _____



Please complete and then send to: Ruth Hill or email to HealthCenterMV@gmail.com.

Office Use Only:

Application reviewed by Moreno Valley Women's Health Center staff member:

_____ (name)

On Date: _____