

FIRST COAST WOMEN'S SERVICES
Volunteer Application Form

Thank you for your interest in becoming a volunteer at First Coast Women's Services!
We look forward to having you with us.

After completing your application, please mail it (or scan it in and email it as an attachment) to Center Director of the center where you would like to serve. All contact information is at the end of this application.

After that, call and schedule a time to come and visit with the Center Director of that center. We'd like to get to know you and tell you more about our services and how we can help you minister to those the Lord sends to us.

PLEASE PRINT

Date: _____

Name _____ Phone: _____ (Cell)

Address: _____ Phone: _____ (Evening)

_____ Zip: _____

Email: _____

Birthdate: _____ Marital Status: _____ Spouse's Name: _____

Children: _____

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We are very pleased that you are applying to be a volunteer at First Coast Women's Services. We believe that everyone who serves here is uniquely called by God.

Training/Gifts

1. What special gifts, talents or personality traits do you bring to this ministry?

2. What is your educational and/or business background? List any special training or previous experience that may be relevant.

3. Describe several things you have enjoyed doing most in your life from age five until now. Describe what you did well and what made you enjoy doing it. Describe each experience in a few sentences.

4. What are your strengths?
5. What are possible areas of weakness?
6. What personality types do you have difficulty working with?
7. How do you resolve conflicts/disagreements?

General Information

Many of us have painful experiences in our past, including abortion, for which we have received healing from God and been forgiven or given forgiveness to others. These experiences, once healed by God, can give a heart of compassion. God can use our greatest hurts for His glory.

1. How did you hear about First Coast Women’s Services?
2. What is your reason for getting involved in a Pregnancy Resource Center?
3. What other ministries or organizations have you either been a lay counselor for or been involved with?
4. Have you ever been convicted of a felony or a first-degree misdemeanor?
(Answering “yes” does not automatically disqualify you from serving.)
NO YES If so, please explain.
5. Have you ever counseled a woman who was considering an abortion? NO YES
6. Have you ever known a single mother? NO YES
What were your feelings about her particular situation?
7. Under what circumstances, if any, is abortion justifiable, in your opinion? Please explain:
8. Have you ever participated in an abortion in any way? Please explain.

9. Knowledge of abortion risks:
_____ excellent _____ good _____ fair _____ poor

Knowledge of existing laws regulating abortion:
_____ excellent _____ good _____ fair _____ poor

10. Please list any books, films, or other materials that you have read or viewed that relate to abortion.

11. How do you feel about a single woman parenting her baby?

12. How do you feel about a woman placing her baby for adoption?

13. Are you currently or have you ever sought to adopt a child?

14. When do you feel sexual intercourse is morally permissible?

15. What are your feelings regarding birth control and teenagers or adults who are single and sexually active?

Christian walk

1. Do you consider yourself a Christian? _____ Yes _____ No If yes, please explain what it means to be a Christian.

2. How long have you been a Christian? _____ Please give a brief statement (testimony) about how you came to Christ as your personal Lord and Savior.

3. How has your life changed since your personal relationship with Jesus Christ began?

4. What church do you attend? _____

Denomination _____ Pastor's name _____

Address _____ Zip _____ Phone _____

5. How long have you been involved at your church? _____

6. Are you currently involved in a Bible Study? ____ Yes ____ No
If yes, how long and what study?

7. Do you have a daily devotional time? ____ Yes ____ No Briefly describe:

8. Volunteering at the Center can put you in a situation of spiritual warfare.
How do you feel you will personally deal with this?

9. All volunteers and staff who have an abortion experience in their past complete the
Abortion Healing Assistance program before working in the center. If this is part of your past,
are you willing to complete this program? ____ Yes ____ No ____ Not Applicable

Statements

Please read the **Statement of Faith and Core Values** provided in the Volunteer Welcome Packet you will receive when you visit your center. Please list any questions or concerns you have that would keep you from signing the agreement on the following page. You may choose to wait until after the Volunteer Training, at which these statements are explained, to sign.

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 First Coast Women’s Services to verify their accuracy and to obtain reference information concerning my character and capabilities. I release FCWS and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer at FCWS, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of FCWS, and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry. I certify that I have read and am in full agreement with First Coast Women’s Services’ Statement of Faith and Core Values.

Signature of Applicant _____

Date _____

References

When you come to visit the center, you will be given a Volunteer Welcome Packet that has more information about our ministry. It also has 2 reference forms.

Please give the forms and envelopes enclosed in your packet to your pastor and someone else who knows you well and can provide a reference for you. They can then mail them directly to our center.

First Coast Services Locations

Mandarin Center
 11215 San Jose Boulevard
 Jacksonville, FL 32223
 904-262-6300
 cperry@fcwsprc.org
Cathy Perry, Center Director

Baker County Center
 474 South Sixth Street
 Macclenny, FL 32065
 904-259-2585
 dlane@fcwsprc.org
Dana Lane, Center Director

Beaches Center
 224 N. Third Street
 Jacksonville Beach, FL 32250
 904-246-7378
 cfox@fcwsprc.org
Cathy Fox, Center Director

Clay County Center
 105 Old Jennings Road
 Orange Park, FL 32065
 904-213-9374
 egonzales@fcwsprc.org
Cheryl Gonzales, Center Director

Mobile Pregnancy Center
 11215 San Jose Boulevard
 Jacksonville, FL 32223
 904-945-Free (3733)
Lois Floyd, Center Director

Men's Applications to:
Jerry Stigliano, Men's Ministry Coordinator
 c/o Clay Center
 105 Old Jennings Road
 Orange Park, FL 32065
 904-213-9374
jstigliano@fcwsprc.org

Office Use Only

Date of interview _____ Date began _____

Interviewer _____

Comments: _____

Date left Center _____ Reason for _____

Exit Interviewer _____ Exit Interview completed? _____

Comments: _____