

First Coast Women's Services

Date Received by FCWS:

Printable Volunteer Application

(This form does not have the capability to be completed online)

Thank you for your interest in becoming a volunteer at First Coast Women's Services. We look forward to serving alongside you! We ask that all applicants be 21 years or older.

After completing your application, please mail it (or scan as an attachment and email) to the Center Director of the Center where you wish to serve. If a man, please direct your application to the Men's Ministry Coordinator. All contact information is listed on the last page of this application.

Next, call the Center Director or Men's Ministry Coordinator and schedule a time to talk with them and visit the Center. We'd like to get to know you better and explain how we can help you minister to those the Lord sends to us.

PLEASE PRINT CLEARLY

Name _____ Phone: _____ (Cell)

Address: _____ Phone: _____ (Home)

_____ Zip: _____

Email: _____ May we Text you? Yes ___ No ___

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. Are you currently employed?: Yes _____ No _____ Occupation: _____
4. Please list below which days of the week and times (Monday-Friday) you are available to serve with us:

Are you available: Days only? _____ Evenings only? _____ Both? _____

5. What type of activities or hobbies do you enjoy in your leisure time?
6. What are your strengths?
7. What are possible areas of weakness?
8. What personality types do you have difficulty working with?
9. How do you normally 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. All volunteers may be subject to a background check).
No ____ Yes ____ If so, please explain below.
5. Have you ever counseled a woman considering an abortion? Yes ____ No ____
6. Have you ever known a single mother? Yes ____ No ____
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 who makes a decision to place her baby for adoption?

13. Are you currently or have you ever sought to adopt a child? Yes _____ No _____

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

15. What are your feelings regarding birth control used by 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 provide a brief statement (testimony) describing how you came to know Christ as your personal Lord and Savior.

3. How has your life changed since your 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 are asked to complete our *Abortion Healing Assistance* program before they begin serving 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, rules and Core Values, 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 visit the Center, you will be given a Volunteer Welcome Packet that has more information about our ministry. It will also contain two reference forms with self-addressed envelopes. Please give these forms and envelopes to your pastor and someone else who knows you well and is willing provide a reference for you. Your reference persons should mail the forms directly to the Center Director.

Our Locations

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

Baker 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
cgonzales@fcwsprc.org
Cheryl Gonzales, Center Director

Mobile Pregnancy Center
11215 San Jose Boulevard
Jacksonville, FL 32223
904-599-1001 (Cell)
bsnow@fcwsprc.org
Betsy Snow, Center Director

All Men's Applications Sent to:
Bob Marrs, Men's Ministry Coordinator
c/o Mandarin Center
11215 San Jose Blvd.
Jacksonville, FL 32223
904-610-0139 (Cell)
rmarrs@fcwsprc.org

Office Use Only

Date of interview: _____ Date started: _____

Interviewer: _____

Comments: _____

Date left Center: _____ Reason: _____

Exit Interviewer: _____ Exit Interview completed? _____

Comments: _____
