

# Birthline Volunteer Application Form



We welcome you as an applicant for volunteering! Birthline offers free mentoring services to anyone of any age, color, or creed with a problem pregnancy. We provide support in a caring, confidential environment and a continuing program of care throughout the pregnancy, during and after the birth of the baby. The information on this form will help us to find the most satisfying and appropriate volunteer service area(s) in Birthline for you. Your cooperation in completing this application is appreciated!

Please type or print in ink.

<b>Specific Position(s) For Which You Are Applying:</b> <input type="checkbox"/> Volunteer Mentor <input type="checkbox"/> Office/Receptionist <input type="checkbox"/> Auxiliary Volunteer <input type="checkbox"/> Doula <input type="checkbox"/> Helpline Volunteer <input type="checkbox"/> Public Speaking <input type="checkbox"/> Doctor <input type="checkbox"/> Men of Birthline	Date
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## PERSONAL INFORMATION

Name (Last, First, Middle)	Date of Birth: (Month & Day)
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Address (Street, City, State, Zip)			
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Home Phone:	Work Phone:	Religion Practiced:	Church/Affiliation:
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## EDUCATIONAL INFORMATION:

Circle the grade completed:	High School:	9	10	11	12	GED	College:	13	14	15	16
Degree Received:	Post-Graduate:	MA	MS	PHD	JD						

## RELEVANT VOLUNTEER OR UNPAID WORK EXPERIENCE:

Kind of activity (do not specify organization)	Work Performed	# hrs/mo.	From	To
① _____				
② _____				
③ _____				

Why are you interested in volunteering at Birthline (rather than another organization)?
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What do you expect to gain personally from volunteering at Birthline?
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Have you had any past experience which you feel would help you to be an effective listener on a crisis phone call and/or as an office volunteer?
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What are your beliefs concerning abstinence until marriage?
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