



VOLUNTEER APPLICATION

Please key or print the following information and email to mom@lifeonwheelsalabama.com or mail to Life on Wheels P.O. Box 240218 Montgomery, AL 36117.

Personal Information								
Name								
Address		City	State	Zip				
Phone Number	Mobile Number	Email Address						
Which volunteer position	are you interested in servin	g? Client Advocate	Data Entry					
Are you a Christian? If so, would you please briefly share your testimony with us?								
Are you comfortable sharing the gospel with the men or women you would encounter?								
Would you briefly tell us why you would like to be a part of this ministry?								
What is your highest level of completed education?								
Please list any formal training, degrees, jobs held, and volunteer work.								
What spiritual gifts, strengths or experiences do you possess that would help you in the position that you are interested in serving?								
What are your personal beliefs or convictions about abortion and adoption?								

Has abortion or adoption impacted you personally? If so, please explain.							
What opinions	, weaknesses, or	experiences cou	ıld be an obstacle	for you in the volu	nteer position th	at you desire?	
Shift Av	ailability						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From					•		
То							
Overnight							
	1	1					
Persona	il Referenc	ces – Chu	ırch Affilia	tion			
Please provide	e us with two (non	-family) persona	l references				
Name	Email Address		Phone	Phone Number			
Tumo						1 110110	, riamos
							-
Please provide	us with the name	of the church o	f which you are a i	member or affiliate	d		
Church Name		Pastor		Pastor Email		Pastor Phone	e Number
Backgro	ound Infor	mation					
	r the questions be						
	r Been Convicted						
Yes □	No □						
	ver Been Convicte No □	d Sexual Molest	ation?				
Yes □ N Have You Ev							

Signature Disclaimer / Nicene Creed Agreement

ICU/Life on Wheel's Statement of Faith is the Nicene Creed. We ask that you read the below.

The Nicene Creed

I believe in one God, the Father Almighty, Maker of heaven and earth, and of all things visible and invisible. And in one Lord Jesus Christ, the only-begotten Son of God, begotten of the Father before all worlds; God of God, Light of Light, very God of very God; begotten, not made, being of one substance with the Father, by whom all things were made. Who, for us men for our salvation, came down from heaven, and was incarnate by the Holy Spirit of the virgin Mary, and was made man; and was crucified also for us under Pontius Pilate; He suffered and was buried; and the third day He rose again, according to the Scriptures; and ascended into heaven, and sits on the right hand of the Father; and He shall come again, with glory, to judge the quick and the dead; whose kingdom shall have no end. And I believe in the Holy Ghost, the Lord and Giver of Life; who proceeds from the Father [and the Son]; who with the Father and the Son together is worshipped and glorified; who spoke by the prophets. And I believe one holy catholic and apostolic Church. I acknowledge one baptism for the remission of sins; and I look for the resurrection of the dead, and the life of the world to come. Amen.

By submitting this application, I agree to the Statement of Faith of ICU/Life on Wheels and attest that the information I have provided in this Client Advocate Application is accurate. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Please Print)	
Date	