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| **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 serving? ☐Client Advocate | | | | | | | | | | | | |
| 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 could be an obstacle for you in the volunteer position that you desire? | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| **Shift Availability** | | | | | | | | | | |  | |
|  | Monday | | Tuesday | Wednesday | | Thursday | | Friday | Saturday | | Sunday | |
| From |  | |  |  | |  | |  |  | |  | |
| To |  | |  |  | |  | |  |  | |  | |
| Overnight |  | |  |  | |  | |  |  | |  | |
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| **Personal References – Church Affiliation** | |  |
| Please provide us with two (non-family) personal references | |  |
| Name | Email Address | Phone Number |
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Please provide us with the name of the church of which you are a member or affiliated

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| --- | --- | --- | --- |
| Church Name | Pastor | Pastor Email | Pastor Phone Number |
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| **Background Information** | |  |  |
| Please answer the questions below | |  |  |

Have You Ever Been Convicted of A Felony?

|  |  |
| --- | --- |
| Yes ☐ | No ☐ |
| Have You  Yes ☐ | Ever Been Convicted Sexual Molestation? No ☐ |
| Have You  Yes ☐ | Ever Been Convicted of Abuse of Any Kind?  No ☐ |

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| **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 |  |