

HEALTH RESOURCES LIFECARE CENTER APPLICATION FORM

Name _____ Phone (Day) _____

Address _____ (Evening) _____

_____ Zip _____

E-mail Address _____ May we send you the weekly Prayer Notes by e-mail? Yes / No

Age _____ Marital Status _____

What areas are you interested in helping with? Check all that apply:

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> Special committees
(banquet, concert) | 4. <input type="checkbox"/> Taking care of the
Treasures for Life Boutique | 7. <input type="checkbox"/> Receptionist |
| 2. <input type="checkbox"/> Prayer- weekly at
HRC or by mail | 5. <input type="checkbox"/> Repairing baby
furniture/handyman | 8. <input type="checkbox"/> RN on call |
| 3. <input type="checkbox"/> Cleaning the Center | 6. <input type="checkbox"/> Occasional office
work | 9. <input type="checkbox"/> Working directly
with Clients |

Only those that check numbers 7, 8 or 9 need to answer all the questions on this application. All others may answer only questions on this first page.

What times and days work best for you? Check all that apply:

Week days Wednesday, later afternoon or evening Weekends

General information

1. How did you hear about Health Resources?
2. What are your reasons for wanting to volunteer at Health Resources?
3. What is your educational background? List any special training, Biblical studies or educational experiences or volunteer experiences that you could possibly offer to the ministry of Health Resources.
4. Is your spouse interested in volunteering? List any special gifts or abilities that he or she might offer the Center?
5. Will you have difficulty maintaining our client's confidentiality?
6. List church you attend and name of Pastor:

Christian Walk

1. Please give a brief statement about how you became a Christian.
2. How does your relationship with Christ impact your everyday life?
3. Do you have daily devotional time? Briefly describe.

1. Have you read and are you in agreement with Health Resources' Statement of Faith, Statement of Purpose and the Volunteer Counselor's job description?

Life experiences

1. Have you or a family member experienced a crisis pregnancy? Please explain.
2. Have you ever counseled a woman who was considering an abortion? Please explain.
3. Under what circumstances, if any, would you consider abortion as an alternative?
4. Have you had an abortion? Or has someone you are close to had an abortion? Please explain.
5. How do you feel about a woman placing her baby for adoption?
6. Are you currently seeking to adopt a child?
7. Have you or a family member ever placed a child for adoption? Please explain.

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

2. Have you ever been convicted of a felony?

3. Have you ever been arrested, charged or convicted of any sexual offense, crime of violence or any offense relating to minors?

4. Is there anything from your past that would disqualify you from working with minors in this ministry?

If you answered yes to any of the last three questions, you may explain in the space provided or on a separate sheet of paper.

References

Please list the names, addresses and phone numbers of two people, and of your pastor, that we may contact for references (no relatives please).

May we contact your pastor for a reference? _____Yes _____No

How long have you been involved at your church?

Please return to:

Health Resources LifeCare Center - 126 E. Lincoln - Fergus Falls, MN 56537

Comments or questions call: 736-6050