

SAV-A-LIFE OF THE PEARL RIVER AREA

PO Box 1359
1101 Goodyear Boulevard
Picayune, MS. 39466
Phone 601-799-2668

VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

City _____ Phone: _____

Email: _____ Date of Birth: _____

Employer: _____

Physical Limitations: _____

Do you smoke or use alcoholic beverages? Yes ___ No ___

Previous Volunteer Experience:

Where? _____ How Long? _____

Why do you want to be a Sav-A-Life Volunteer? _____

What are your Spiritual Gifts? _____

Name of your church where you are a member: _____

Pastor: _____ Phone: _____

Ministries you have been involved in: (church or other) _____

Education: College _____ High School _____ Other _____

What type of personal evangelism training have you had?

Special training or experience you feel would be helpful in this ministry: _____

Unless providentially hindered, are you willing to commit yourself to Sav-A-Life for at least one year after completion of training? Yes _____ No _____

Please write your personal testimony, using the following suggested format:

1. Before I received Christ, I lived and thought this way: _____

2. How I received Christ: (Please be specific) _____

3. After I received Christ, these changes took place in my life: _____

4. Do you think there is ever a situation in which abortion would be right? Yes ___ No ___

Explain: _____

Personal References

Please provide the following three references:

Reference 1: Your Pastor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Reference 2: Non family member that you have known longer than two (2) years.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Reference 3: Non family member that you have known longer than two (2) years.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Background Check

I, the undersigned, do hereby give my consent to Sav-A-Life of the Pearl River Area and/or any duly appointed representatives to conduct a criminal background check on me.

I understand that this information will be used by Sav-A-Life of the Pearl River Area to determine my eligibility and suitability to serve as an employee or volunteer for Sav-A-Life of the Pearl River Area.

I understand that those representing Sav-A-Life of the Pearl River Area will keep this information confidential.

I also agree to hold Sav-A-Life of the Pearl River Area harmless and otherwise not liable for any information, which the background check reveals or any decisions, actions, etc. made based on that information.

Signature: _____

Date: _____