

<b>Name</b>		<b>Date</b>	
<b>Street</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home #</b>		<b>Cell#</b>	
<b>Email</b>		<b>D.O.B.</b>	
<b>SS#</b>			

Education Degrees/ Certificates:

How did you hear about Obria Medical Clinics?

What do you perceive to be the main purpose of Obria Medical Clinics?

What are your goals/expectations for this volunteer experience?

How long do you hope to volunteer for Obria Medical Clinics?

Prior Volunteer Experience:

What do you consider your skills/expertise and talents to be?

How familiar are you with the computer? Do you have experience using Excel, PowerPoint or Word?  
Are you willing to learn?

What do you consider as your area(s) of weakness?

One requirement of our volunteers is that they attend all required preparatory training prior to starting in the clinic and periodic in-clinic meetings. Would you be able to attend? If not, how often would you be able to attend?

Have you ever experienced a crisis pregnancy directly or indirectly? If yes, what was the outcome?

Have you ever had an abortion? If yes, are you willing to attend a post abortion support group first before beginning your volunteer work?

How do you feel discussing abstinence issues?

What are your thoughts on abstinence before marriage?

Describe any areas or circumstances that make you feel uncomfortable:

***Church Involvement***

Are you currently involved in a local church?    Yes      No

Church \_\_\_\_\_ Years Attended \_\_\_\_\_

Please explain your involvement:

Please briefly describe your spiritual journey:

Please write one or two paragraphs about why you feel that you are being called to volunteer at Obria Medical Clinics.

What kind of **weekly** time commitment are you willing to give to Obria Medical Clinics?

**Volunteer Shift Times:**

Please record the days and times that you are available to volunteer.  
(Our volunteer timeslots are typically 4 hourshifts.)

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Volunteer Areas:** Please place an  by the areas of greatest interest

**Weekly Shifts: Client Services**

- Patient Advocate** - work one-on-one with patients (4 hr shift)
- Ultrasound Assistant** - assist staff nurse with witnessing ultrasounds (4 hr shift)
- Beginnings Volunteer (Parenting Class)** - assist Beginning's Coordinator and the class educator(s) (1.5 hr night shift)
- Dad Project Mentor** - mentor the fathers in our parenting program (1.5 hr night shift)
- Nurse** - conducts pregnancy tests, STD tests and provides the results. (4 hr shift)
- Nurse Practitioner**       **RDMS**       **Physician**

**Other Opportunities**

- Maintenance** - assist with repairs, installation, and minor construction projects
- Church Liaison** - provide information about Obria Medical Clinics to your Pastor/Church
- Obria Medical Clinics' Speaker** - speak at church services and school health fairs to help share about Obria Medical Clinics
- Prayer Warrior** - receive our weekly prayer requests; organize groups to come and pray over our clinics
- Office Support** - make copies and stuff envelopes for our quarterly mailings

Please list the names and phone numbers of two references that know you well. We ask that one would be a pastoral reference.

1. Name \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

2. Name \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

*To the applicant: Print your name and address on the lines below. This reference should be provided by a person outside your family. Applicant should provide for the person completing this reference a stamped envelope addressed to Obria Medical Clinics.*

I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required as a condition for volunteering at Obria Medical Clinics.

Name of applicant: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

The above named individual has submitted an application to be a volunteer for the Obria Medical Clinics. The volunteer will be working with women and families in unplanned pregnancies one on one, as well as over the phone.

We have asked each applicant to supply us with two references, one from their pastor and one from someone who knows them. Would you please answer the questions below and write a short paragraph describing the applicants?

How long have you know the applicant? \_\_\_\_\_

How well do you know the applicant?     Very Well             Well             Casual

What is your relationship to the applicant (pastor, friend, co-worker, etc.)? \_\_\_\_\_

How would you rate the applicant regarding: (mark which one applies)

	Below Average	Average	Above Average	Excellent
Dependability				
Spiritual Maturity				
Communication Skills				
Rapport/Empathy				
Cooperation				
Initiative				

Please write additional comments using the backpage:

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_