Silent Voices/Real Choices Chula Vista

355 K Street, Suite H

Chula Vista, CA 91911

We are excited that you are interested in working with our non-profit pro-life Pregnancy Care Clinic. To find out more about us please visit www.realchoiceschulavista.com or www.silentvoices.org.

**Instructions:**

1. Please complete this form and sign where indicated.

2. If more space is needed, please attach additional sheets and reference the questions being answered.

3. Please return the following with your application if you are a medical professional:

a. Copy of current state professional license ie. Nursing, medical etc.

b. Copy of current certifications ie. BLS, 1st Aid, ACLS etc. if applicable

c. Copy of current government issued state identification/Driver’s License

**Position you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this position \_\_\_\_\_\_ Volunteer \_\_\_\_\_\_ Employee**

**Part 1: Demographics**

Name: Preferred Name:

Address:

State Zip

Email address: @

Date of Birth / /

Preferred method of contact: ❒phone ❒ text ❒email

**Part 2: Education/Training**

School: City/State Year Graduated

College: City/State Year Graduated

Degree Obtained:

College: City/State Year Graduated

Degree Obtained:

**Other Studies**:

**Part 3: Professional Background - 3 most recent employers**

Name of Employer: Job Title:

Dates of Employment: to

Manager’s Name: Phone Number:

Job Duties:

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

Name of Employer: Job Title:

Dates of Employment: to

Manager’s Name: Phone Number:

Job Duties:

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

Name of Employer: Job Title:

Dates of Employment: to

Manager’s Name: Phone Number:

Job Duties:

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

**For Medical Applicants:**

Have you attended an Ultrasound course? **YES / NO** If yes, list provider and date of completion and include a copy of your certification with this application.

Briefly describe your nursing/medical background. What area of specialty do you work in and why?

Briefly describe any prior training or work experience with women in crises pregnancies (counseling, hotline, etc.)

**Part 4: Church/Spiritual Information**

What Church do you attend?

How long have you attended this church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved in a Bible Study Group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself to be a Christian? **YES/NO** If yes, briefly describe your relationship with Christ:

Briefly describe your conversion experience:

List any volunteer work or church ministry in which you have been involved:

Briefly state why you are interested in volunteering/working at Silent Voices/Real Choices Chula Vista.

Briefly explain what you feel God’s calling is on your life:

**Part 5: Questionnaire**

Have you ever experienced an unplanned pregnancy or an abortion, if so, how did this affect your life?

Briefly describe your views on abortion:

Have you ever counseling a woman who was considering an abortion? **YES / NO** If yes, briefly describe what happened:

Are there any circumstances in which you would consider abortion as an alternative for a woman with a crisis pregnancy?

What special gifts, talents or personality traits do you bring to Silent Voices/Real Choices Chula Vista?

How does your immediate family feel about your involvement in a Pro-Life Ministry?

List 5 words that best describe you and your personality:

**Part 6: Personal and Professional References:**

Please list the names, phone numbers and email addresses of three references with whom we may speak. Please make two professional references and one personal friend or ministry/bible study leader.

Name: Relationship:

Phone Number:

Email: @

Name: Relationship:

Phone Number:

Email: @

Name: Relationship:

Phone Number:

Email: @

**Use this space to continue answering question if needed:**

**The information contained in this application is, to the best of my knowledge, current and accurate:**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only**

Referred by:

Nursing/Medical License Number: State: Expiration Date: \_\_\_\_

BLS: ACLS: 1st Aid: \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_