

VOLUNTEER/EMPLOYMENT APPLICATION

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 (i.e., Nursing, medical etc...)
 - b. Copy of current certifications (i.e., 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: _____ Phone Number: (____) _____ - _____

Address: _____

City: _____ 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: _____

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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 (Only):

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.) _____

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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 (Use page 5 to continue longer answers):

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

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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: _____ @ _____

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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: _____

Reviewed by: _____

Nursing/Medical License Number: _____ State: _____ Expiration Date: _____

BLS: _____ ACLS: _____ 1st Aid: _____ Other: _____