



VOLUNTEER APPLICATION

On behalf of our entire organization, welcome to *Hope Medical of Washington*.

It is with the time, talents, and service of members of our community that Hope Medical will flourish and grow.

Volunteers support our mission to provide outreach, information, and referrals to create a culture where no pregnant woman will feel forced to have an abortion. We also aim to provide support for women who decide to have their babies, and aid in the healing process for those who have been personally impacted by abortion.

We are excited to have the opportunity to work with you. Together, we can empower women to be strong, courageous, and unafraid.

We can give them options.

HOPE MEDICAL OF WASHINGTON

7500 W Arrowhead Avenue
Kennewick, WA 99336

(509) 396-7737 www.hopemedicalwa.com



Hope Medical of Washington *Volunteer Application*

Hope Medical of Washington is an equal opportunity employer.

Name _____ Date _____
Last First MI

Address _____
Number Street City State Zip

How long have you resided in Washington State? _____ First Phone _____

Second Phone _____ Email _____

Have you ever been convicted of a crime? ___ If yes explain _____

High School diploma Yes ___ No ___ If no # of years completed ___ GED Yes ___ No ___

High School Name _____ City _____ State _____

Vocational School, Collage, or University Name _____

Address _____

Years Completed ___ Degrees, Certificates, Licenses _____

Please describe other training _____

Current Occupation _____

Current Employer _____

Employer Address _____ Phone _____



Do you consider yourself a follower of Jesus Christ? Yes ___ No ___

For how long? _____

How has your life changed since your personal relationship with Jesus Christ began?

Your Church name _____ Denomination _____

Church address _____ Phone _____

Pastor's name _____ Phone _____

Positions in which you have served _____

Have you had a significant experience related to abortion that you feel comfortable sharing? _____

Are there any circumstances where you would consider abortion as an alternative for a woman facing an unwanted pregnancy? _____

Are you seeking or have ever sought to adopt a child? _____



References

Please list the names of the three references, at least one must be your pastor or church leader.

Name Relationship to you

Phone Email

Name Relationship to you

Phone Email

Name Relationship to you

Phone Email

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Hope Medical of Washington to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Hope Medical of Washington and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to Hope Medical of Washington to conduct a criminal background check to the extent that my volunteer duties may involve direct interactions with minors. If I become a volunteer at Hope Medical of Washington, I agree to fully adhere to its policies and procedures, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different roll than the employees of Hope Medical of Washington, and I am not seeking, or expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and am in full agreement with Hope Medical of Washington's Volunteer Agreement.

Signature of Applicant _____

Date _____