

Interview Date: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Given By: \_\_\_\_\_  
Start Date: \_\_\_\_\_

## ALPHA WOMEN'S CENTER CONFIDENTIAL INTERVIEW

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_  Single  Married Anniversary Date \_\_\_\_\_

Children's Names and Ages \_\_\_\_\_  
\_\_\_\_\_

Husband's Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Hm Phone(\_\_\_\_) \_\_\_\_\_ Wk Phone(\_\_\_\_) \_\_\_\_\_

### **REFERRAL SOURCE**

Friend  Relative  Church \_\_\_\_\_

School \_\_\_\_\_  Other \_\_\_\_\_

### **GENERAL QUESTIONS**

Why would you like to be involved as an Alpha Women's Center volunteer? \_\_\_\_\_

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

How does your spouse/family feel about your involvement with this ministry? \_\_\_\_\_

\_\_\_\_\_

List three of your strengths: \_\_\_\_\_

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

List three areas in which you need to improve: \_\_\_\_\_

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

Are you currently struggling with any medical or psychological issues that would prohibit you from performing your duties as a volunteer at Alpha Women's Center?  YES (if yes please explain)  NO

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Under what circumstances would you consider abortion an option for a pregnancy?

Never                       Rape                                       Pregnant Youth (11 Yrs)                       Incest  
 Life of Mother     Drug Addiction                       Fetal Deformity                       Severe Psychological Stress

**EXPERIENCE**

Your last/current employer \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

May we contact your last/current employer for a reference?  YES  NO

List any type of Christian work, volunteer experience or other information relevant to a volunteer position.

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Do you have any experience with an unwed mother?  YES  NO

Do you have any experience with adoption?  YES  NO

Have you ever counseled a woman who was considering abortion?  YES  NO

Have you or someone close to you ever had an abortion?  YES  NO

If yes, are you willing to share this story with the Director/Assistant Director of the center?  YES  NO

**REFERENCES**

Local church/fellowship \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor/spiritual leader \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(someone familiar with your Christian walk)

Give three other references (not family) who are familiar with your Christian walk and have known you for three or more years.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VOLUNTEER AVAILABILITY**

Position/Area Interested In: \_\_\_\_\_

Are you willing to volunteer on a weekly basis for at least one year?  YES  NO

If yes, please fill in the times you are available to volunteer:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
|        |         |           |          |        |          |

**SPIRITUAL INVENTORY**

Define what a Christian is:

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How would you lead someone to Christ?

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Please briefly describe your salvation experience.

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