

Name _____	Phone Number _____
Address _____	City _____ State _____
Date of Birth _____	Driver's License Number _____ (background check)

1. Briefly state what interests you about serving on the Board for ABC Pregnancy Care Center.

2. Describe both current and past positions held and services performed, for other non-profit organizations or ministries, including your church.

3. Education: _____ Current Occupation: _____

4. What spiritual gifts, talents, experiences or personality traits has God given you to serve Him in this ministry?

5. Can you devote at least 5 hours a month for 2 years to this ministry? (Monthly meetings, emergency meetings, weekly E-mails and helping out when there is a fundraiser) Yes _____ No _____

6. Have you attended a crisis pregnancy volunteer training seminar? Yes _____ No _____ Would like to _____

7. Would you like us to arrange a tour with you so we can share more about our ministry?
Yes _____ No _____ Already had a tour and are aware of your services _____

8. Marital Status _____
If married, is your spouse/ family supportive of your application to be a board member?
Yes _____ No _____ Not Applicable _____

9. How do you handle conflict with others?

10. Knowledge of how abortions are performed/ methods used.
Excellent _____ Good _____ Fair _____ Poor _____

11. Knowledge of existing laws regarding abortion.
Excellent _____ Good _____ Fair _____ Poor _____

12. Knowledge of what the Bible teaches concerning the sanctity of human life.

Excellent _____ Good _____ Fair _____ Poor _____

13. In your opinion, under what circumstances, if any, is abortion justifiable?

14. Do you have any questions you would like to have someone address concerning abortion and the sanctity of human life? Yes _____ No _____

15. When do you feel sexual intercourse is morally permissible?

16. How do you feel about adoption?

17. Are you currently seeking to adopt a child? Yes _____ No _____

18. Do you consider yourself a Christian? Yes _____ No _____ How long have you been? _____

22. In your opinion, what is a Christian?

23. How do feel about working with other denominations?

24. Are you currently involved in a Bible study, either personal or group? Yes _____ No _____

25. Please provide the following information about your church.

Name _____ Phone Number _____

Address _____ Pastor's Name _____

26. Please list two people, other than your pastor or relatives, we can contact for references.

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you information (including opinions) that they may have regarding my character. I release all such references from any liability for furnishing such evaluations to you, providing they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____