



Volunteer Nurse Application

We are excited that you are interested in being a part of Sanctity of Life Ministries! Please fill out this application as thoroughly as possible. The information you provide will be kept strictly confidential and will be used to determine your training needs.

Date of application:

Name:

Address:

City:

State:

Zip:

Cell Phone:

Home Phone:

Email Address:

Birthdate: / /

Married: YES

NO

Spouse's Name:

Children: YES

NO

How does your family feel about your interest in working for SLM?

Are you employed? YES

NO

Employer's name:

Position:

Supervisor:

Hours / days you are available?

Any other important information about your ability to volunteer?

Are you a devoted follower of Jesus Christ? Yes No Not sure
How would you describe your relationship with Jesus Christ?

How often do you attend church?

Name of Church:

Pastor's Name:

Church religious affiliation (if any):

Please share how you grow in your faith and relationship with the Lord? (E.g., Devotional time, etc.)

What (if any) church ministries/outreaches are you involved with?

Have you had experience in speaking or teaching? Yes No

Please describe:

Do you believe God has initiated your involvement with SLM? Yes No

How?

Please list any pro-life organizations to which you belong or with whom you worked. Briefly describe your work with them.

Please list any foreign languages you can speak, read and/or write. Please indicate whether you speak, read and/or write them fluently, well, or fair.

Have you ever worked with a person in crisis before? Yes No

Have you ever known a woman with an unplanned pregnancy? If so, in what capacity?

Please check any of the following topics you feel you **cannot** explore adequately with a patient at this time:

- Pregnancy
- Fetal Development
- Maternal health & nutrition
- Labor & delivery
- Social services
- Adoption
- Abortion
- Sexual Integrity/Abstinence
- Sexually transmitted diseases

The patient's:

- Sexual history
- Drinking/drugs/habits
- Fear/regret/grief
- Relationship w/ baby's father
- Relationship w/ parents
- Other:

Patients may have one or more of the following histories (rape, incest, abortion, substance abuse, physical abuse, mental disorder(s), etc.). What are your concerns/objections regarding counseling such patients?

At SLM, we believe that God uses every circumstance for His glory—to include ministering to others who have experienced a similar circumstance.

“...that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God.” (2 Corinthians 1:4)

Regarding the following questions, please know that any information you share will be kept in strict confidence.

Have you personally experienced or has a family member experience adoption? Yes No

If so, could you describe the circumstance?

Have you personally experienced or have you had a family member experience abortion? Yes No What, if any, physical or emotional effects have you (or she) experienced?

If you have had an abortion experience, have you ever sought counseling for it or been through a post-abortion Bible Study? Yes No If not, would you be open to participating in a post-abortion Bible Study? Yes No Please explain:

References

Please provide the requested information for two references who are not related to you and who you have known for at least one year. At least one of your references should be from someone that is in a position of authority over you and/or has worked with you on a job or ministry related project or event (e.g., a supervisor at work, a Pastor, a small group leader, a volunteer coordinator).

Reference #1

Name:

Contact Number:

Email Address:

Relationship:

How long have you known this person and in what capacity?

Reference #2

Name:

Contact Number:

Email Address:

Relationship:

How long have you known this person and in what capacity?

Your electronic signature is considered equal to a manual signature.

Applicant's Signature:

Date:

Save the file with your name in the file name: LastName_FirstName SLM Vol Nurse Application.

PLEASE send application AND attach YOUR NURSING RESUME – to include education and experience.
Email both to SLM at info@novapregnancy.org.