

**LIFEHOUSE MINISTRIES APPLICATION AND  
CONFIDENTIAL INTERVIEW**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_  
Email Address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Children's Names and ages \_\_\_\_\_  
Previous Occupations: \_\_\_\_\_  
Previous Volunteer Experience \_\_\_\_\_

**Please tell us about yourself:**

1. Do you consider yourself a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ For how long? \_\_\_\_\_
2. What is a Christian? \_\_\_\_\_
3. Please provide the following information about your local church:  
Church Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Daytime phone \_\_\_\_\_ How long have you attended this church? \_\_\_\_\_  
Describe positions held/services performed within this ministry:  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the extent of your formal education? \_\_\_\_\_  
Areas of study \_\_\_\_\_ List any special training, Biblical studies, or educational experiences: \_\_\_\_\_
5. Why are you interested in volunteering at LifeHouse Pregnancy Center? \_\_\_\_\_  
\_\_\_\_\_
6. How does your spouse/family feel about this involvement? \_\_\_\_\_
7. Have you ever been seen by a counselor, psychologist, or psychiatrist? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments \_\_\_\_\_
8. Have you ever counseled a woman who was considering an abortion? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

9. Have you had an abortion? Yes \_\_\_\_\_ No \_\_\_\_\_ How long ago? \_\_\_\_\_  
If yes, have you or are you willing to participate in a post abortion counseling program? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you ever been charged with or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

11. Were you the victim of abuse or molestation as a child? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

*(If you prefer, you can choose not to answer this question here and instead discuss your response  
confidentiality with the Director.)*

12. Have you ever known an unwed mother? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

13. What special gifts, talents, or personality traits do you bring to this ministry?  
\_\_\_\_\_

14. What are your personal strengths? \_\_\_\_\_

15. What are possible areas of weakness? \_\_\_\_\_

16. Under what circumstances, *if any*, would you consider abortion as an alternative for a woman with a crisis pregnancy?

Never an option \_\_\_\_\_ In cases of rape/incest \_\_\_\_\_ Life of the mother \_\_\_\_\_ In cases of  
extreme severe psychological stress \_\_\_\_\_ Other \_\_\_\_\_

**Please tell us about your knowledge of abortion: Excellent=1 Good=2 Fair=3 Poor=4**

Knowledge of how abortions are performed/methods used: 1 2 3 4

Knowledge of the existing laws regulating abortions: 1 2 3 4

Knowledge of what the Bible teaches (directly or indirectly) about abortion: 1 2 3 4

Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion: \_\_\_\_\_  
\_\_\_\_\_

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**Please provide a reference for us:**

**We would like to contact the pastor whose name you listed on page one. Please provide the name and address of another person we may contact for a reference.**

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

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**Have you read the Statement of Faith, the Statement of Principle, and the Volunteer Commitment?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have any questions about these three documents? Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you agree with them? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_

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**For Office Use Only**

Date of interview \_\_\_\_\_

Date of board review \_\_\_\_\_

Date began at Center \_\_\_\_\_

Date left Center \_\_\_\_\_

Comments \_\_\_\_\_