

Date _____



Board Application

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Number & Street City State Zip Code

Home Phone: () _____ Cell Phone: () _____

Email: _____ Birth date: _____

Emergency Contact Name: _____
Last First Middle Initial

Emergency Contact Phone: () _____ Relationship: _____

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Occupation: _____ If married, Spouse's name & Occupation: _____

Educational Information

High School: Number of years completed (please circle one) 1 2 3 4 Diploma GED

School Name(s): _____

College/Vocational School: Number of years completed (please circle one) 1 2 3 4 5 6 7

School Name(s): _____

Degree(s) Earned: _____

Describe other Training or Degrees: _____

Previous Volunteer Experience

Previous Volunteer Experience: Please list most recent volunteer service first

Organization: _____ Date of Service: From _____ to _____

Phone: () _____ Direct Supervisor: _____

Position/Duties: _____

Organization: _____ Date of Service: From _____ to _____

Phone: () _____ Direct Supervisor: _____

Position/Duties: _____

Additional Information

Church Name: _____ **Denomination:** _____

Positions held: _____

Pastors Name: _____ **Supervisor's name; if position held:** _____

Address: _____
 Number & Street **City** **State** **Zip Code**

Phone: () _____

1. To the extent of your current knowledge of Hope Unlimited Family Care Center, what is your vision for the ministry?

2. Have you ever been on the Board of directors for a non-profit organization? If yes, explain _____

3. A normal term in office is 1-3 years. How long would you be able to commit yourself to serve on the Board of Directors?

4. Describe both current and past positions held and/or services performed for other non-profit organizations or ministries, If different from above: _____

5. To what extent is your spouse, if you are married, supportive of your application to the Board of Directors? _____

6. Do you consider yourself to be a Christian, and if so how long have you been a Christian? _____

7. Please give a brief statement about how you came to know Christ as your personal Savior and Lord.

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

9. Our organization is a Pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide services in this community. Please write a brief statement about how you feel your faith would affect your work here at Hope Unlimited.

10. What are some of the special skills, interest, talents, gifts or personality traits you would bring to this ministry?

11. What questions would you like to have someone address concerning abortion and/or the sanctity of human life? _____

12. How did you become aware of the FCC? _____

13. What makes you interested to be on the Board of Directors at Hope Unlimited FCC? _____

14. How many hours a month do you feel you are willing and able to contribute to the FCC? _____

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

16. Under what circumstances, if any, would abortion be justifiable?

Specify

17. Please list any books, films or other material that you have read or viewed that relate to abortion, pregnancy or alternatives to abortion _____

18. How would you rate yourself in the following areas:

A. Knowledge of abortion methods? Excellent ___ Good ___ Fair ___ Poor ___

B. Knowledge of current laws concerning abortion? Excellent ___ Good ___ Fair ___ Poor ___

C. Knowledge of what the Bible teaches about abortion? Excellent ___ Good ___ Fair ___ Poor ___

14. Are you currently or have you ever been involved in seeking to adopt a child? If yes, explain: _____

19. What do you consider to be your possible areas of weakness? _____

20. Are there any particular personality types in which you have difficulty working? _____

21. Have you ever attended a Hope Unlimited Family Care Center volunteer training seminar? When & what topic _____



Board Reference Form

Reference for _____

The above named has submitted an application to volunteer for Hope Unlimited Family Care Center and Medical Clinic. Hope Unlimited Family Care Center supports and empowers expecting parents, existing families, and those connected to or caring for children to grow stronger though God's word.

Some of the qualities we see in a Board Member are:

- Genuine commitment to Jesus Christ as Savior and Lord of their lives
- A dependable, responsible attitude and a willing heart to serve our clients.
- The ability to be flexible and work well with others in a team oriented environment.

We ask our applicants to supply us with **two references**. One from their **Pastor** and one from a **non-relative** that knows them well. Would you please answer the questions below starting with your own personal information, then write a short paragraph describing the applicant, with particular emphasis on the qualities listed above.

Name: _____
Last
First
Middle Initial

Address: _____
Number & Street
City
State
Zip Code

Phone: () _____ **Relationship to the Client:** _____

How long have you know the applicant? _____

Would you recommend this applicant for a position within our center? _____

If not, Why? _____

How would check one of the following regarding the applicant:

	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>
Ability to work well with others	_____	_____	_____
Communication Skills	_____	_____	_____
Compassion/Mercy	_____	_____	_____
Confidentiality	_____	_____	_____
Cooperation	_____	_____	_____
Dependability	_____	_____	_____
Good Listener	_____	_____	_____
Initiative	_____	_____	_____
Patience	_____	_____	_____
Spiritual Authority	_____	_____	_____
Spiritual Maturity	_____	_____	_____
Submission to Authority	_____	_____	_____