



Liberty, MO 64068  
(816) 415.5111 phone  
(816) 415.1913 fax

**Carol Graham**

Founder & CEO

[cgraham@libertywomensclinic.com](mailto:cgraham@libertywomensclinic.com)

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Advancement Director

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Dear Prospective Volunteer,

Thank you for your interest in volunteering at Liberty Women's Clinic. We promise you will be abundantly blessed as you join what God is doing here. We are a ministry reaching out to the lost, the last, and the least through men and women of God who volunteer their time. Lives are touched for eternity through their faithfulness!

As you might imagine, we always have a need for additional, committed volunteers. We are excited that you have expressed an interest. We believe every person called has special gifts and is a tremendous asset to this ministry.

We are enclosing a packet to begin your application process. Please return the enclosed completed application to the address below to the attention of Holly Williams. Fill in your name on the line "Volunteer Reference form for \_\_\_\_\_" and send three to personal references and one to your pastor. We have found that the process is expedited if you provide a stamped envelope addressed to the Clinic along with your forms. Once the application and all references are returned, Holly will contact you to set up an interview.

Thank you again for your interest. We look forward to talking with you soon!

His for Life,

**Carol Graham**

**Founder & CEO**

Liberty Women's Clinic

1532 NE 96<sup>th</sup> Street, Suite B

Liberty, MO 64068

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# Liberty Women's Clinic

## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Have you ever been convicted of a crime? YES  NO  If yes, please explain. \_\_\_\_\_

Date Available to \_\_\_\_\_

Start Volunteering: \_\_\_\_\_ Days/Hours Available \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

College: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other Training or Degrees: \_\_\_\_\_

### Previous Volunteer Experience

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of Volunteer Service From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of Volunteer Service From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Employment Experience**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

**References**

*Please list four personal references including your pastor who are not related to you and have known you for at least two years.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Pastor Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

**Additional Information**

What is your reason for seeking to volunteer here? \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself a Christian? YES  NO  If yes, how long? \_\_\_\_\_

As a Christian, what is the basis of your salvation? \_\_\_\_\_

\_\_\_\_\_

Church Name: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Positions in which you have served: \_\_\_\_\_

Liberty Women’s Clinic is a life-affirming Christian Ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide services to women at risk for abortion in this community. Please write a brief statement about how your faith would affect your volunteer work at this clinic.

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What special talents, gifts, or personality traits would you bring to this ministry?

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

If yes, please explain: \_\_\_\_\_

Have you had any traumatic experiences relating to abortion? YES  NO

If yes, please explain: \_\_\_\_\_

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Have you ever personally experienced an abortion? YES  NO

If yes, have you attended a post-abortion Bible study? YES  NO

If yes, please specify: \_\_\_\_\_

If you have personally experienced an abortion and have not attended a post-abortion Bible Study, Liberty Women’s Clinic recognizes the importance for you to receive healing. We ask that you attend a study as preparation for serving in this ministry.

Are you willing to attend a confidential study? (Brochures are available.) YES  NO

Under what circumstances would you consider abortion as an alternative for a woman in an unplanned pregnancy?

- Never an option
- In cases of rape or incest
- In cases of where the mother’s life was in extreme peril
- In cases of extreme psychological distress
- Other (specify)

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

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How would you rate yourself in the following areas?

Knowledge of abortion methods:       Excellent       Good       Fair       Poor

Knowledge of current laws concerning abortion:       Excellent       Good       Fair       Poor

Knowledge of what the Bible teaches about abortion:       Excellent       Good       Fair       Poor

Are you currently or have you ever been involved in seeking to adopt a child? YES  NO

If yes, please explain. \_\_\_\_\_

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What do you consider to be your areas of weakness?

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What do you consider to be your strengths?

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Are there any particular personality types with whom you have difficulty working?

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Please list any volunteer positions that interest you.

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## Liberty Women's Clinic

### Volunteer Applicant's Certification and Agreement

I certify that the facts set forth in my volunteer application are true and complete to the best of my knowledge, and I authorize Liberty Women's Clinic (LWC) to verify the accuracy and to obtain reference information concerning my character and capabilities. I release LWC and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information.

If I become a volunteer at LWC, I promise to fully adhere to its policies and procedures and understand that I will need to sign and uphold the Statement of Faith, Statement of Principle and Mission Statement. I also understand that violation of any of these is grounds for immediate separation of duties from LWC.

I recognize that, as a volunteer, I will serve in a different role than the employees of the Clinic, and I am not seeking or expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant?

- Pastor       Friend       Other \_\_\_\_\_

How would you rate the applicant regarding:

Dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Spiritual Maturity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Communication Skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Cooperation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
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Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Briefly describe the applicant and your relationship.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form within one week to:

Liberty Women's Clinic  
ATTN: Holly Williams  
1532 NE 96<sup>th</sup> Street, Suite B  
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