



1532 NE 96TH STREET, SUITE B
LIBERTY, MO 64068
(816) 415.5111 PHONE
(816) 415.1913 FAX

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cgraham@libertywomensclinic.com

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Advancement Director
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CLINIC

Jan Witzke, MSN, RN
Clinic Director

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CLINIC ADMINISTRATIVE

Diane Ager

Clinic Operations Coordinator

Jill Grusch

Client Services Assistant

Holly Williams

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PEOPLE TO MAKE INFORMED, LIFE-
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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,

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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.

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

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: _____

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. _____

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. _____

What do you consider to be your areas of weakness?

What do you consider to be your strengths?

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

Please list any volunteer positions that interest you.



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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