



BAYFAIR BAPTIST CHURCH

First Response Volunteer Application

Name _____

Address

Phone: Home _____ Office or Cell _____

Marital Status _____ Age _____

Occupation _____ Email _____

In Case of Emergency, please contact _____

Previous Volunteer Experience (if any):

1. Are you a Christian? Yes No

2. Please explain what you feel makes a person a Christian.

3. Briefly describe your spiritual journey.

4. Please describe the ways you have been involved with your church?

How long have you been in attendance?

5. Briefly state why you are interested in volunteering with your church's First Response Team.

6. How does your spouse/family feel about you being involved?

7. Are you willing to get a *vulnerable sector screening check* done at cost to you?

Yes No

***Upon confirmation of you as a volunteer, we will need the vulnerable sector screening check, completed within the last 2 years.**

8. Have you ever known an unwed mother? Yes No

Please explain:

9. Have you personally experienced a crisis pregnancy or abortion? Yes No

Please explain:

10. If so, have you received counselling related to your abortion or crisis pregnancy? Yes No

Please explain:

11. What special gifts and talents do you bring to your church's First Response Team?

12. What are the areas where you would like to grow in your personal/ spiritual life and how are you trying to make improvements on your areas of weakness?

13. Are there any personality types you have difficulty working with?

14. Under what circumstances would you consider abortion as an alternative for a woman facing a crisis pregnancy?

_____ in the cases of rape or incest

_____ in cases of severe psychological stress

_____ in serious, but non-life threatening, health risks to the mother

_____ in order to save the mother's life

_____ in cases where the child is known to be profoundly physically and mentally handicapped

_____ never an option

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

Availability & Resources

Day	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday	<i>(Except in special cases, Pregnancy Care Centre referral interactions are not usually scheduled on Sundays)</i>		

What is the best way to contact you? _____

Please return your application to: bpcteamleader@bayfair.ca

Bayfair Baptist Church, 817 Kingston Rd, Pickering, ON, L1V 1A9

Thank you for taking the time to fill out this application. We are thrilled that you have taken part in a First Response Training Seminar and desire to be a part of supporting women and families facing unexpected pregnancies!