

ONLINE NLFS.org (612) 866-7715

2900 University Ave SE Minneapolis, MN 55414 (612) 623-8378

6517 Nicollet Ave S Richfield, MN 55423 (612) 866-7643

40 16th Street SE Rochester, MN 55904 (507) 282-3377

2109 Old Hudson Rd Saint Paul, MN 55119 (651) 730-4342

2015 Chicago Ave Minneapolis, MN 55404 (6120) 286-0076

## **VOLUNTEER APPLICATION**

Name:	Date:		
Address:			
City:	State:	Zip Code:	
Number:			
Email:			
Name of church you attend:			
Are you over the age of 18?	 v Contact: mber:		
How did you hear about New Life?	 Highest Level of Education: _ Degrees & Certifications:		
Other Volunteer Experience?	 Languages Spoken:  Are you a Student? School:		

#### What volunteer role(s) are you interested in?

#### **Direct Service Volunteer:**

- Every Family Parent Program Assistant\*
- Every Family Parent Coach
- Every Family Coach, Spanish
- OB Sonographer (RDMS Required)
- Internship (BSW, Full School Year)
- Other internship. Specify here:

\*first step for all Parent Coaches

Conquerors Client Support\*\*

\*\*Conquerors is a support program for men and women suffering from the painful effects of a past abortion. Only those who have previously experienced abortion and have completed the program are able to volunteer for client support volunteer positions with Conquerors.

### How much time can you volunteer?

Total Number	of Hours:	per	week/month
Other:			

#### **Support Volunteer:**

- \_\_\_ Church Ambassador
- Clothing Closet
- \_\_\_\_\_ In-Office Administrative Support
- Prayer Partner
- In-Office Prayer Partner
- \_\_\_\_\_ Special Events
- Cooking/Baking
- Cleaning/Maintenance
- Other:

If applying for Conquerors:

Please take a moment to take the Spiritual Gifts test at http://mintools.com/spiritual-gifts-test.htm Please complete this survey and send the results along with the completed application to the Volunteer Coordinator at volunteer@nlfs.org

What are your views on abortion? On what do you base your belief about abortion?

Do you believe there are any circumstances in which abortion is a valid option? Please explain.

What are your views on sexual abstinence before marriage?

If you are single, are you currently practicing abstinence?

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

Have you or any members of your family ever received services from New Life Family services before? Yes No

### Your signature indicates your agreement with the statement of faith and the philosophy statement below:

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father Son, and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through his shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian ins enabled to live a godly life.

We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in our Lord Jesus Christ.

Signature: Date:

# FOR DIRECT SERVICE VOLUNTEERS ONLY

## What times are you available?

Morning	Afternoon	Conquerors
Monday	Monday	Evening Groups
Tuesday	Tuesday	Daytime Groups
Wednesday	Wednesday	
Thursday	Thursday	
Friday	Friday	
Saturday*	Saturday*	
*St. Paul locat	tion only	

Who is Jesus Christ and what is your relationship with Him?

Tell us about your faith journey and how you are currently growing in your relationship with the Lord:

What prompted you to get involved with us?

Do you have any experience with pregnancy, adoption, abortion, or childbirth?

If yes, have you or any members of your family ever received services from New Life Family services before, and if so, in what capacity?

# Which office(s) are you willing

#### to serve at?

Minneapolis	Phillips	University
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\_\_\_\_\_ Richfield

\_\_\_\_\_ Rochester

\_\_\_\_\_ Saint Paul

Have you ever personally known a single mother? If so, under what circumstances?

What has been your experience with someone who is of a difference race or culture than yourself? Please be specific.

What do you believe are your strengths?

What do you believe are your areas of growth?

I herby certify that I agree with the Statement of Faith and Philosophy and certify the above information is true to the best of my knowledge.

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

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

Please include a pastor or church leader. Please note, we do not accept family members as references. Include full name, address, email address, phone number, job title, and relationship for each reference.

Name	
Address	
Email	
Phone	
Job Title	
Relationship	
Name	
Address	
Email	
Phone	
Job Title	
Relationship	
Name	
Address	
Email	
Phone	
Job Title	
Relationship	