

# RESPECT LIFE MINISTRY – ARCHDIOCESE OF MIAMI

## VOLUNTEER APPLICATION

Thank you for offering your time and talent to work with the Respect Life Ministry. Volunteers such as you are indispensable to our program. We would ask you at this time to fill out the following questionnaire. Because some of our ministry may include working with minors, it is necessary that we make appropriate inquiries of those to whom the care of others is committed.

**PLEASE INDICATE WHICH RESPECT LIFE OFFICE YOU WOULD LIKE TO VOLUNTEER AND/OR BE AFFILIATED WITH:**

<input type="checkbox"/> <b>NORTH DADE</b> 1515 NW 167 St. Bldg. 4, Suite 190 Miami Gardens, FL 33169	<input type="checkbox"/> <b>SOUTH DADE</b> 3410 S.W. 107 <sup>th</sup> Ave. Miami, FL 33165	<input type="checkbox"/> <b>NORTH BROWARD</b> 5115 Coconut Creek Pkwy Margate, FL 33063	<input type="checkbox"/> <b>CENTRAL BROWARD</b> 525 N.E. 13 <sup>th</sup> Street Ft. Lauderdale, FL 33304	<input type="checkbox"/> <b>SOUTH BROWARD</b> 4747 Hollywood Blvd. Suite 101 Hollywood, FL 33021
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<b>PLEASE PRINT</b>		<b>Date</b>	
<b>Full Name</b>		<b>Physical Address</b>	
<b>Primary Phone #</b>	<b>Email</b>	<b>City</b>	<b>Zip code</b>
<b>Date of Birth</b>	<b>Parish or Church Affiliation</b>	<b>Family Status</b> Single <input type="checkbox"/> Married <input type="checkbox"/>	<b>Spouse name</b>
Children # _____			
<b>Your occupation</b>		<b>Spouse's occupation</b>	
<b>Education Background</b>		<b>Degrees</b>	
<b>Prior Volunteer Experience</b>		<b>Organizations you belong to</b>	
Please describe in your own words what prompted you to volunteer your services for this program.			
<b>Areas of Special interest:</b> Counseling <input type="checkbox"/> Speaking <input type="checkbox"/> Fundraising <input type="checkbox"/> Office work <input type="checkbox"/> Baby Room <input type="checkbox"/> Hotline <input type="checkbox"/> Legislation <input type="checkbox"/>			<b>Hours of availability for service</b>

### Personal References: (3 non-family members)

Name	Address	Phone

- A. The information I have provided may be verified.
- B. In signing this application, I affirm that the information I have given is true and correct.
- C. If I am involved in the counseling aspects of this ministry, I agree to be fingerprinted.

<b>Signature of Applicant</b>	<b>Date</b>
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