



Volunteer Application

Personal Data:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #s: Home: _____ Work: _____ Cell: _____

Occupation & Employer: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Occupation & Employer: _____

Number of Children: Boys: _____ Girls: _____ Ages: _____

Is your health in good condition? Yes _____ No _____

If no, please explain. Include any physical limitations we might need to be aware of:

Educational Background:

**There are no educational requirements for being a ARIN volunteer.*

High school: _____ Did you graduate? _____

College: _____ Degree: _____

Special qualifications: *(counseling experience, advanced degree, etc. - none are required)*

Employment & Volunteer Background:

List below three former employers and any organizations you have volunteered for during the previous five years beginning with the most recent or present. Former employers/organizations will be contacted if you and ARIN develop a strong mutual interest.

From: Month/Year _____/_____ To: Month/Year _____/_____

Name of Organization: _____

Address of Organization: _____

Position Held: _____

Name of Immediate Supervisor _____ Phone Number _____

From: Month/Year _____/_____ To: Month/Year _____/_____

Name of Organization: _____

Address of Organization: _____

Position Held: _____

Name of Immediate Supervisor _____ Phone Number _____

From: Month/Year _____/_____ To: Month/Year _____/_____

Name of Organization: _____

Address of Organization: _____

Position Held: _____

Name of Immediate Supervisor _____ Phone Number _____

Areas of Life Practice:

What are your beliefs and practices about personal issues such as the use of tobacco, alcohol and other privately consumed substances? _____

What are your beliefs regarding sexual conduct? _____

Other Pertinent Data:

How did you discover ARIN? _____

Why are you interested in volunteering? _____

Have you ever had an abortion? _____ (*confidential*)

If yes, have you received after abortion counseling? Yes _____ No _____

If yes, where did you receive counseling? _____

Which Abortion Recovery curricula did you use in your recovery process? _____

How does your family/spouse feel about this kind of volunteer work? _____

Does your family know about your abortion experience? Yes _____ No _____

Please explain: _____

What experiences have you had in relation to women, men or family members who have chosen abortion, or been affected by one? _____

What special gifts, talents or personality traits do you bring to this organization? _____

What are your personal strengths? _____

What are personal areas that you're working on? _____

As a possible volunteer of ARIN, you will need to agree to the same criteria as our affiliates. Please read the last page of this application and answer the questions below:

Have you read Abortion Recovery InterNational's Principles of CARE? *(see last page)*

Yes _____ No _____

Are you in full agreement with each Principle of CARE?

Yes _____ No _____

Have you read Abortion Recovery InterNational's Statement of Faith? *(see last page)*

Yes _____ No _____

Are you in full agreement with each item on the statement?

Yes _____ No _____

Have you read ARIN's Statement on Graphic Pictures? *(see last page)*

Yes _____ No _____

Are you in full agreement with each item on the statement?

Yes _____ No _____

Please explain if you marked 'no' in any of the above 6 statements: _____

**CARE = Compassionate Abortion Recovery Effort*

Quick Glance Ideas on How You Might Get Involved.

What Sparks Your Interest?

- **Encourage and Provide Recovery Efforts:**
 - Assist with the ARIN Recovery CARE-Line
 - Moderate the ARIN Forum
 - Be a Program Mentor

- **Participate in Awareness (Enlighten) Efforts:**
 - Join the We are The VOice Initiative
 - Coordinate Abortion Recovery Month Activities
 - Develop CARE Teams
 - Join the ARIN Speaker's Bureau

- **Volunteer in Educational Efforts:**
 - Assist with ARIN Symposiums and Conferences
 - Organize Webinar Speakers
 - Present at an ARIN Conference or Symposium
 - Review Abortion Recovery Resources for ARIN

- **Assist with Establishing Efforts:**
 - Host an ARIN VOice Event
 - Share our eVOice Newsletter with Others
 - Recruit other AR Care Centers and Programs to Join ARIN

- **Receive Training:**
 - Leadership Training
 - Starting an AR Care Center or Program
 - Curriculum and Program Consultation

Are you willing to consistently give ARIN a priority commitment for at least six months to a year? Yes _____ No _____

If no, please explain: _____

References:

Please list below the names and addresses of three references. Do we have your permission to call these references? Yes _____ No _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship: _____

How many years have you known this person? _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship: _____

How many years have you known this person? _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship: _____

How many years have you known this person? _____

Signature of Volunteer Applicant

Date

ARIN's Principles of CARE

The services of our affiliates are personal, confidential, non-judgmental and open to all.

Our affiliates hold client information in strict and absolute confidence. Client information is only disclosed as required by law and when necessary to protect the client and others against imminent harm.

Our affiliates will always treat clients with kindness and compassion, always providing honest and open communication.

Our affiliates will NOT engage in anything which might cause shock or additional emotional distress of a client already affected by an abortion experience.

Our affiliates do not present their staff and/or its volunteers as professional therapists. *(Unless they are a licensed professional. Licensing credentials must be listed.)*

Our affiliates will not discriminate in their services on the basis of race, gender, creed, color, national origin, age, disability, marital or financial status.

Our affiliates will not advise or refer for abortion or abortifacients.

Our affiliates believe that forgiveness is God's gift of grace and that because God so loves children, He allows them all to go Home. *(Mark 10:14)*

ARIN's Statement of Faith

We believe that Jesus is the only son of God, who came to earth as a man, died for our sins and came back to live again. We believe all who trust him as their Savior, to forgive their sins, are part of the body of Christ.

ARIN's Statement on Graphic Images

Individuals sometime ask whether graphic pictures or video are used in the abortion recovery process. Abortion Recovery InterNational's affiliates believe that all post abortion counseling, awareness and/or education should be medically accurate. We are committed to assuring that abortion and post-abortion information is shared in a caring and compassionate manner with due respect for the emotional sensibilities of each client. We will therefore not engage in anything which might cause shock or emotional distress of a client already affected by an abortion experience.

Please mail or fax ARIN Volunteer Applications to:
Abortion Recovery InterNational, Inc.
5319 University Drive #252
Irvine, CA. 92612
fax to: 949-551-9771