



S.T.A.F.F. House Maternity Home

Shepherds That Attend Father's Flock, Zechariah 11: 4-7

PO Box 12661 New Bern, NC 28563 252-633-HELP(4357)
www.staffhouse.org staff.house.maternity.home@gmail.com

SHEPHERD VOLUNTEER APPLICATION

PERSONAL:

Name _____ D.O.B. _____ Age _____

Social Security Number _____ Driver's License Number, State _____

Spouse's Name _____

Address _____

Home Phone _____ Business Phone _____ Email _____

Marital Status: Single Married Widowed Divorced

EDUCATION:

Circle last year completed:

High School 9 10 11 12

College 1 2 3 4 Degree _____ Major _____

Graduate School 1 2 3 4 5 Degree Field _____

HEALTH RECORD:

Condition of Health: _____

Physical Limitations: _____

Have you ever been treated for:

Nervous Disorder Drug Addiction Alcoholism

Describe your use of tobacco products: _____

Describe your use of alcoholic beverages: _____

Are you presently under a physician's care? _____

If yes, please explain: _____

CURRENT EMPLOYMENT INFORMATION:

Company Name _____ Position _____

Address _____ From _____ to _____

Immediate Supervisor _____

CHRISTIAN COMMITMENT:

Are you a Christian? _____

Please define your view of Christianity: _____

Do you feel comfortable sharing your faith with others? _____

What church do you attend? _____

Address _____ Denomination _____

Pastor's Name _____ Phone _____

May we call your Pastor for a reference? _____

List positions held or services performed in church: _____

GENERAL INFORMATION:

Describe your personality: _____

What kind of person do you work well with? _____

What kind of person easily irritates you? _____

Have you had experience in dealing with young people in crisis? _____

Explain: _____

Have you ever known an unwed mother? _____

How do you feel about adoption as an alternative for a woman in crisis pregnancy? _____

How do you feel about an unwed mother parenting her baby? _____

Do you have any prejudice in dealing with minorities? _____

If yes, please explain: _____

Please list two personal references we may contact other than your pastor or relatives:

1. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Do you have your own car? _____ Insurance? _____

PERSONAL INTERESTS:

What are your present hobbies? _____

What special interests do you have? _____

INVOLVEMENT: I am interested in:

TEACHERING SHEPHERDS

- ___ Childbirth
- ___ Prenatal Care/Nutrition
- ___ Sex Respect/Abstinence
- ___ Parenting
- ___ Adoption
- ___ Financial Planning
- ___ Bible Study
- ___ Aerobics
- ___ Job Skills

ENCOURAGING SHEPHERDS

- ___ Shepherding Sister
- ___ House Shepherd
- ___ Shepherding Family
- ___ Shepherding Home
- ___ Domestic Shepherd
- ___ Baking
- ___ Cooking
- ___ Arts/Crafts
- ___ Decorating

SERVANTS SHEPHERDS

- (No application necessary)
- ___ House Cleaning
 - ___ Office Help
 - ___ Flowers/Yard Maintenance
 - ___ Home Maintenance/Repair
 - ___ Carpentry
 - ___ Painting
 - ___ Plumbing
 - ___ Electrical
 - ___ Other _____

___ Shepherd Ambassadors

___ I am interested in my small group becoming involved with S.T.A.F.F. House.

___ Board of Directors

___ I am interested in being on S.T.A.F.F. House email prayer shepherds.

___ I can help out at S.T.A.F.F. House events

When would you be available to begin as a shepherd volunteer?

What times during the week are you typically available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

AURTHORIZATION

I understand that an inquiry may be made which will provide information concerning my personal ethics, general reputation, and Christian character. I am willing to abide by all the rules established by S.T.A.F.F. House and realize that if I become part of the ministry staff I am part of a team and will support the decisions made by the Board of Directors.

Signature

Date

(A misrepresentation on this application may be, at the ministry's option, grounds for terminating any staff.)