



## HEALTHY CHOICES PRESENTER APPLICATION

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### Personal Information:

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Background Information:

1. Do you consider yourself to be a Christian?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

a. If yes, please briefly explain what it means to be a Christian.

b. If yes, please give a brief account of how you became a Christian.

2. Briefly discuss how you became acquainted with our ministry and what motivates you to serve as a Healthy Choices Presenter.



a. Knowledge of what the Bible teaches concerning the sanctity of human life:

\_\_\_\_\_ excellent    \_\_\_\_\_ good    \_\_\_\_\_ fair    \_\_\_\_\_ poor

b. Knowledge of the various methodologies by which pregnancies are terminated:

\_\_\_\_\_ excellent    \_\_\_\_\_ good    \_\_\_\_\_ fair    \_\_\_\_\_ poor

c. Knowledge of existing state and federal laws that regulate the practice of abortion:

\_\_\_\_\_ excellent    \_\_\_\_\_ good    \_\_\_\_\_ fair    \_\_\_\_\_ poor

### **Church Affiliation and Involvement:**

Name of Church you attend: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Denomination (if any): \_\_\_\_\_

In what capacities do you serve at your church? \_\_\_\_\_

### **Personal References:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Educational and Employment History:**

Please attach a copy of your personal resume (or curriculum vitae). This document must include, but is not limited by, your complete educational history as well as your complete employment history up to the present.

**Office Skills (please check all that apply):**

- |                      |                      |                         |
|----------------------|----------------------|-------------------------|
| _____ Accounting     | _____ Event Planning | _____ Public Speaking   |
| _____ Correspondence | _____ Keyboarding    | _____ Reception         |
| _____ Data Entry     | _____ Phones         | _____ Writing / Editing |

Additionally, please list all computer programs with which you are proficient:

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**Applicant Certification and Agreement:**

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a criminal background check to the extent that my duties may involve direct interaction with minors. If I am asked to join Healthy Choices presenters team, I agree to fully adhere to its policies and rules including those rules relating to maintaining client confidentiality.

I further certify that I have read and am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

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Signature of Applicant

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Date of Application