

Board of Director Application

Personal Information

Full Name *

<input type="text"/>	<input type="text"/>
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First Name

Last Name

Address *

<input type="text"/>	
Street Address	
<input type="text"/>	
Street Address Line 2	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	<input type="text" value="Please Select"/>
Postal / Zip Code	Country

Occupation

Education

Age

Marital Status

E-mail *

Phone Number

<input type="text"/>	-	<input type="text"/>
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Area Code

Phone Number

General Questions

How did you first become aware of the Hope Center?

Briefly state what makes you interested in working with the pregnancy center on the Board of Directors:

Have you attended a pregnancy center volunteer training seminar?

Yes

No

If Yes, When?

If No, Are you willing to take a training seminar?

Yes

No

Describe both current and past positions held or services performed for other nonprofit organizations or ministries:

What gifts, talents, experience or personality traits would you bring to this ministry?

Have you ever been on the Board of directors of a nonprofit organization?

- Yes
- No

If Yes, please describe:

How do you handle conflict with others?

How many hours a month are you willing and able to devote to the pregnancy center?

- 0-40 hours
- 40-80 hours
- 80-120 hours
- 120-160 hours

Other:

A normal term in office is three years. Are you able to comit yourself to this amount of time to serve on the Board of Directors?

- Yes
- No

To what extent is your spouse, if you are married, supportive of your application to the Board of Directors?



Point of View - Abortion

What is your position on abortion?



Under what circumstance, if any, is abortion justifiable in your opinion? Explain.



In this section please make a general evaluation of your knowledge in the following areas:

Knowledge of how abortions are performed and methods used.



Knowledge of existing laws regulating abortion.

Knowledge of Biblical teaching on the sanctity of human life.

What questions do you have concerning abortion and/or the sanctity of human life?

When do you feel sexual intercourse is morally permissible? Explain.

Are you currently seeking to adopt a child?

- Yes
- No

Are you uncomfortable with any aspect of the center's statement of faith?

- Yes
- No

If Yes, Please Explain

To the extent of your current knowledge of the Hope Center, what is your vision for the ministry?

Religious Background

Do you consider yourself a Christian?

- Yes
- No

What is a Christian?

How long have you been a Christian?

Give a brief statement about how you came to know Christ as your personal Savior and Lord.

How has your life changed since your personal relationship with Jesus Christ began?

How long have you been involved in your church?

Please provide the following information about your church:

Church Name

Senior Pastors Name

Website

Denominational Ties, if any

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Are you currently involved in a Bible study?

- Yes
- No

If Yes, How Long?

Describe positions you have held or services performed with the church.

Please list the names and addresses of two people, other than your pastor, whom we may contact for references for becoming a Board member of the Hope Center.

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First Name	Last Name

E-mail

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Postal / Zip Code	Country

Submit
