

PROJECT RACHEL
Volunteer Application Form
Catholic Diocese of Arlington

**PLEASE NOTE: ALL INFORMATION ON
THIS SHEET IS STRICTLY CONFIDENTIAL**

NAME _____ ADDRESS _____

PHONE (H) _____ (W) _____

A. Education/degrees/licenses:

B. Background and/or experience in post-abortion ministry:

C. Have you completed a course or training in assistance with post-abortion clients?
If yes, when and where?

D. Have you been affected by abortion? _____

If yes, have you sought help and/or healing? _____

E. What days and hours would you be available to donate to Project Rachel as a
volunteer?

F. Why do you want to volunteer for Project Rachel?

G. Any special considerations that pertain to you as a potential volunteer for Project
Rachel: