

Gabriel Project Arlington

Volunteer Form

Date: _____ Parish: _____

Personal Info: Mrs. Ms. Miss Mr.

Full Name: _____ Spouse's Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____ -

Primary phone # () - _____ Secondary phone # () - _____ Birthdate: _____

Email: _____

Emergency Contact: _____ Phone #: () - _____ Relationship: _____

Availability: _____

Skills & Interests: _____

Volunteer Experience:

Date	Organization	Services performed
1.		
2.		
3.		

Education: School Name _____ Year Graduated _____ Degree _____

Employment History:

1. Employer: _____ Dates of employment: _____
Address: _____ Phone: () - _____
Job title and description: _____

2. Employer: _____ Dates of employment: _____
Address: _____ Phone: () - _____
Job title and description: _____

References:

Personal (friend)

Name: Phone: () -
Address: City: State: Zip: -

Professional (co-worker, employer)

Name: Phone: () -
Address: City: State: Zip: -

Church (Pastor, parish ministry leader)

Name: Phone: () -
Address: City: State: Zip: -

Volunteer Roles: *please select the applicable areas of interest*

- Gabriel “Angel”:** trained female volunteer who provides support to a mom; OR
Michael “Angel”: trained male volunteer matched with Gabriel “Angel” who can be a spiritual role model for mother and/or provides support to the father of the child
- Material Support:** organize baby item collections, provide temporary storage space, and/or establish supportive partnership with local pregnancy resource center
- Promotion & Awareness:** distribute ministry information, publish bulletin announcements, take photos, write stories on volunteer and/or mother experiences, and make relationships with community providers and parish groups as referral sources
- Activities & Events:** Assist with *Gift for Life* appeal; offer prayer services i.e. Holy Hours, an Expectant Parents Mass, and/or the Blessing of the Child in the Womb
- Interpretation:** translate for Spanish-speaking moms at weekday doctor appointments
- Other** (please list):

A key component of the ministry involves witnessing to the truth and beauty of human sexuality. This may include such topics as abortion, birth control, sterilization, in vitro fertilization, fornication and adultery - all of which are forbidden behaviors because they are an attack on the dignity of each individual person. When appropriate, it may be necessary for a volunteer to address these topics, inviting the client to learn Natural Family Planning (NFP)/ fertility awareness and to change harmful behaviors.

I understand, accept and uphold the moral teachings of the Catholic Church regarding sexuality.

Signature

Date

Gabriel Project Arlington Self-Inventory

Why are you interested in doing this work? _____

Have you experienced the loss of a child through miscarriage, still birth, ectopic pregnancy, abortion? How many? _____ When? _____

Have you given birth to a child out of wedlock? _____ When? _____

Have you placed a child for adoption? _____ When? _____
Did you receive professional counseling before, during or after? _____
When? _____

Have you had a tubal ligation/vasectomy? _____ Reversal? _____

Do you have any other unfinished healing of your own, such as verbally, physically or sexually abusive relationships, broken family relationships, chemical dependency, eating disorders?

Have you ever considered (attempted) ending your life? _____ When? _____

What were the circumstances? _____

How did you resolve this crisis? (e.g., counseling, medication, family, friends . . .)

How would you respond if a mother you were assisting shared that she had one or more abortions? _____

How would you respond if she expressed that she had placed a child for adoption?

What circumstances/situations cause you the greatest concern regarding pregnancy assistance through Gabriel Project Arlington? _____

Are you willing to let go, love and pray for the mom who rejects your help and aborts her child?
