



## LIFE CHOICES WOMEN'S CLINIC VOLUNTEER APPLICATION



**7<sup>th</sup> Street Office**  
8326 N. 7<sup>th</sup> Street  
Phoenix, AZ 85020

**McDowell Office**  
3516 W. McDowell Rd.  
Phoenix, AZ 85009

**Hope Mobile**  
...On the move  
serving women in our community

Please print Volunteer Application Form, complete and sign, and return to Life Choices:  
by fax @ 602-870-7697; e-mail @ [info@lcwcaz.org](mailto:info@lcwcaz.org); or mail @ 8326 N. 7<sup>th</sup> Street, Phoenix, AZ 85020

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last Preferred Nickname

Current Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) Work Phone: ( ) Cell Phone: ( )

Email: \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Days Available: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat Times Available: ☐ Morning ☐ Afternoon ☐ Evening

Preferred Location: ☐ 7<sup>th</sup> Street Clinic ☐ McDowell Clinic ☐ Hope Mobile ☐ Mom's Room / Boutique

Type of Work interested in: \_\_\_\_\_

Reason for wanting to work at LCWC: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Languages Spoken: (other than English) \_\_\_\_\_ Highest Level of Education: ☐ High School Grad ☐ Some College ☐ College Degree ☐ Advanced

Volunteer Experience: \_\_\_\_\_ Field of Study or College Degree: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Experience/Training/Counseling regarding: ☐ women in crisis ☐ unplanned pregnancy ☐ adoption ☐ abortion ☐ parenting

Spirituality/Religion: \_\_\_\_\_ Position on Abortion: \_\_\_\_\_ Position on Contraception: \_\_\_\_\_

Special Skills/ Interests: \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for your interest in Volunteering with Life Choices Women's Clinic! We will get back with you soon.**  
Question? please contact Sheila Riely, Director at 602-826-8858.