

**Choices Medical Clinic, Inc.  
Student Application**

(Board of Directors and staff will hold all information in strictest confidence)

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Marital Status: (circle one)

Single Married Separated Divorced Remarried Widow Engaged

If married, how long? \_\_\_\_\_ Does spouse approve of involvement with Choices?

Yes No

Briefly state your interest in an elective rotation with Choices Medical Clinic:

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Describe current and/or past involvement with pro-life or other non-profit organizations or ministries:

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What gifts, talents, experiences would you bring to the Clinic?

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What are possible areas of weakness?

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Do you have a daily devotional time? \_\_\_\_\_.

Volunteering at Choices Medical Clinic is spiritual warfare. How do you feel you will personally deal with this?

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Based on your current knowledge of Choices, write a brief description of a typical staff/patient interaction.

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What specific dates do you desire to have your elective rotation at Choices?

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To the extent of your current knowledge of Choices, what is your vision for this clinic and your rotation here?

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Personal abortion knowledge:

Knowledge of how abortions are performed and methods used to perform abortions -

\_\_\_ Excellent    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

Knowledge of the existing laws regulating abortion -

\_\_\_ Excellent    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

Knowledge of what the Bible teaches about abortion -

\_\_\_ Excellent    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

Please list any books, films, etc., that have significantly affected your view of abortion, pregnancy or alternatives to abortion:

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Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

- In cases of rape or incest     In cases of extreme, severe psychological stress  
 When the life of the mother is in danger     Never     Other

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Have you ever counseled a woman who was considering an abortion? Yes    No    If yes, please explain:

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Have you ever had an abortion or encouraged others to abort? Yes    No    If yes, please explain:

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Have you been closely involved with anyone who had an abortion? Yes    No    If yes, please explain:

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Have you ever known an unwed mother? Yes No If yes, please explain:

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What are your thoughts about a single woman parenting her baby?

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What are your thoughts about a woman placing her baby for adoption?

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Are you currently seeking to adopt a child? Yes No

When is sexual intercourse morally permissible?

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What are your feelings regarding the use of birth control use by singles who are sexually active?

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**BACKGROUND INFORMATION**

Do you consider yourself a Christian? Yes No

How long have you been a Christian? \_\_\_\_\_

What was your life like before you became a Christian?

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Give a brief statement about your conversion experience:

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What is the Lord doing in your life now?

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Is there any unresolved sin in your life that could affect the ministry at Choices? Yes No

If yes, please explain: \_\_\_\_\_

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As a Christian, what is your biggest struggle in your walk with God?

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Are you established in a local church? Yes No For how long? \_\_\_\_\_

Name of church: \_\_\_\_\_

Church member? Yes No

Denominational ties, if any? \_\_\_\_\_

Pastor we can contact: \_\_\_\_\_

Have you spoken with your pastor about your interest regarding Choices? If so, what was his response?

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Please list past or current church involvement or commitment:

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Are you in agreement with our Statement of Faith? Yes No

Are you in agreement with and will you abide by our Statement of Principle? Yes No

Please list three people, including your pastor (if appropriate) who would be able to give a character reference for you.

- 1.
- 2.
- 3.

Send the reference forms to them for their completion. Once completed, they should be mailed to the address on the form.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**\* \* \* Please attach resume\* \* \***

**Thank you for completing this application.**