

# Volunteer Application Form

Return to Heartbeat of Toledo, 4041 W. Sylvania Avenue, Suite LL4, Toledo, OH 43623, 419-241-9131

Or e-mail to [ltimmerman@heartbeatoftoledo.org](mailto:ltimmerman@heartbeatoftoledo.org)

Name \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Birthday \_\_\_\_\_

Occupation \_\_\_\_\_ Interests \_\_\_\_\_

How did you learn about Heartbeat of Toledo?

What gifts, abilities, or personality traits do you have that you believe could contribute to your service at Heartbeat?

List other organizations in which you have been involved. \_\_\_\_\_

List the church you attend: \_\_\_\_\_

Mark below the area(s) where you might like to be involved at Heartbeat. Are you available for daytime training?

\_\_\_\_yes \_\_\_\_no Volunteer availability \_\_\_\_Days \_\_\_\_Evenings \_\_\_\_Weekends

Please indicate which location(s) where you would be willing to volunteer \_\_\_\_Sylvania Ave. \_\_\_\_East Toledo

\_\_\_\_Mobile Unit

Volunteer Preferences:

\_\_\_\_Patient Advocate Mobile Unit—help women with an unplanned pregnancy on our mobile unit which will be parked outside the abortion clinic; at universities; and at free health clinics. (three to four times per month)

\_\_\_\_Nurse (Commit to 4-hour shifts, at least two or more per month, both locations)

\_\_\_\_Heartbeat Desk Helper (both locations)

\_\_\_\_Parenting Instructor—work one-on-one with a client on learning modules. (Commit to 4 hours on the same scheduled weekday, three-four weeks per month, after training period, both locations)

\_\_\_\_Mentor—Serve as a support person for one-two clients throughout their pregnancies

\_\_\_\_Group Class Helper—assist with weekly group classes for 2-10 women and couples

\_\_\_\_Fundraising Committees to help with banquet or women's luncheon.

\_\_\_\_Baby Bottle Committee/Pick Up/Delivery

\_\_\_\_Other \_\_\_\_Child Care \_\_\_\_Just for Dads (both locations) \_\_\_\_Speakers' Bureau \_\_\_\_Sparkle Crew

Please provide two personal and one professional reference:

| Name | Address | Phone Number | Relationship |
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Please answer the following questions using the back of the form if necessary.

What is your view of abortion? Under what circumstances if any do you think abortion is permissible?

How do you feel about a single mother parenting her child?

What are your views of adoption? How do you feel about a woman placing her baby for adoption?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date