

**ADVOCATE SCREENING
HAVEN HEALTH CLINIC**

1. Name _____
Last
First
Middle/Maiden

2. Pastor=s Name _____

Church _____

Address _____

3. Are you comfortable sharing your testimony? yes ___ no ___

4. Have you ever done any counseling before? yes ___ no ___

5. Do you feel God is leading you to be an Advocate? yes ___ no ___ unsure ___

6. Have you ever had an abortion? yes ___ no ___
 If yes, would you ever want to share your experience? yes ___ no ___

Did any of your pregnancies occur prior to marriage? yes ___ no ___

7. Haven Health hours are 9:00 - 1:00 (morning shift), and 1:00 - 5:00 (afternoon shift).
 Will you be able to work weekdays, Monday through Thursday? yes ___ no ___

8. Are you married? yes ___ no ___ Husband=s name _____

This section to be completed by husband

Our ministry does not want to take away from the family of the Advocate, therefore we are asking that the Advocate commit only 4 hours a week at the clinic. As the husband of a prospective Advocate, you will also be asked to support this ministry by encouraging your wife to serve God and these young women through mentoring/counseling.

By signing below, you are agreeing that your wife should serve as an Advocate for Haven Health Clinic for Women.

Husband=s signature _____

Date _____

All information is confidential and used only for screening.

**HAVEN HEALTH CLINIC
PERSONAL DATA**

Name _____ Date _____

Address _____

Phone: Home _____ Work _____
Cell _____

Email Address: _____

Date of Birth _____ Married _____ Single _____ Divorced _____ Widowed _____

Occupation &
Employer _____

EDUCATIONAL BACKGROUND

High School Attended _____ Graduate? yes _____ no _____

College Attended _____ Degree? _____

Special Qualifications: (Counseling experience, advanced degree, etc.) _____

WORK EXPERIENCE _____

Previous Volunteer Experience (e.g. church) _____

SPIRITUAL DATA

Are you a Christian? _____ If yes, how long? _____

Church Member? Yes _____ No _____ Where? _____

How Long? _____ Attendance Per Month (circle): 1 2 3 4 5 6 7 8 9 10 10+

Do you have a regular devotion/quiet time with the Lord? Yes ____ No ____

What Bible Study programs do you attend? _____

Have you ever received personal evangelism training? Yes ____ No ____ If yes, when, where, and what type of program? _____

Have you had other Christian experience/training that would be of value to helping women with unplanned pregnancies? _____

Describe your use of alcoholic beverages and/or other drugs _____

MARRIAGE AND FAMILY

Name of spouse _____ Years Married _____

Information about children:

Name	Age	Sex	Education

HOBBIES, INTERESTS, ACTIVITIES, etc.

OTHER DATA

Are there any personalities/socio-economic backgrounds that you might have difficulty working with? Yes ___ No ___ If yes, please explain: _____

Please finish this sentence: "Generally speaking, I..." (check those pertaining to your personality)

_____ anger quickly _____ take everyone=s problems to heart

_____ can handle conflict _____ get frustrated with those who continue in sin

_____ hate to confront _____ listen, but do not advise

How do you feel about adoption as an alternative to a woman with an unwanted pregnancy?

How do you feel about an unwed mother keeping her baby? _____

Please list two non-relative references, and please provide their email addresses:

1. Name _____ 2. Name _____

Address _____ Address _____

Phone _____ Phone _____

Email _____ Email _____

Will you give permission for us to do a criminal background check? Yes ___ No _____

Date

Signature

STATEMENT OF FAITH

1. I believe in the verbal inspiration and authority of the Scriptures. I believe that the Bible reveals God, the fall of man, the way of salvation, and God=s plan and purpose in the ages.
2. I believe in God the Father, God the Son, and God the Holy Spirit.
3. I believe in the deity, virgin birth, and bodily resurrection of Jesus Christ.
4. I believe that salvation is Aby grace,@ plus nothing and minus nothing. The conditions to salvation are repentance and faith.
5. I believe that men are justified by faith alone and are accounted righteous before God only through the merit of our Lord and Savior Jesus Christ.
6. I believe in the everlasting conscious blessedness of the saved and the everlasting conscious punishment of the lost.

I agree

I disagree

PRINT NAME

SIGNATURE

DATE