

**LAKE COUNTY RIGHT TO LIFE  
Sidewalk Counselor**

**Application**

Name \_\_\_\_\_  
Last First Middle Initial Age

Address \_\_\_\_\_  
Number & Street City State Zip Code

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail \_\_\_\_\_

Marital Status  Married  Single  Divorced  Separated  Widowed

Have you ever been convicted of a crime?  Yes  No If yes, explain. \_\_\_\_\_

**Education**

**High School** Number of Years Completed (circle one) 1 2 3 4

Diploma  Yes  No G.E.D.  Yes  No

**College and/or Vocational School** Number of Years Completed (circle one) 1 2 3 4 5 6 7

Degrees Earned (include dates) \_\_\_\_\_

Describe other Training or Degrees \_\_\_\_\_

**Volunteer or Working Experience** List most recent experience first.

Organization/Employer \_\_\_\_\_ Date of Volunteer/Work Service From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Organization/Employer \_\_\_\_\_ Date of Volunteer/Work Service From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Organization/Employer \_\_\_\_\_ Date of Volunteer/Work Service From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

**Personal Information**

1. What is your reason for seeking to become a sidewalk counselor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please provide the following information concerning your local church.

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Positions in which you have served \_\_\_\_\_

Are you currently a member? \_\_\_\_\_ How long? \_\_\_\_\_

*If less than two years, please provide the following additional information.*

Previous Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Pastor's Phone Number \_\_\_\_\_

When did you leave? \_\_\_\_\_ Why did you leave? \_\_\_\_\_  
\_\_\_\_\_

3. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your sidewalk counseling.  
\_\_\_\_\_  
\_\_\_\_\_

4. What special skills, talents, gifts or personality traits would you bring to this ministry?  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever counseled a woman who was considering an abortion?  Yes  No

Explanation \_\_\_\_\_  
\_\_\_\_\_

6. Have you had any traumatic experiences relating to abortion?  Yes  No

Explanation \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever known an unwed mother?  Yes  No

Explanation

\_\_\_\_\_

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

Never an option

When the mother's life is in extreme peril

In cases of rape or incest

In cases of extreme psychological distress

\_\_\_\_\_ Other (specify)

\_\_\_\_\_

9. How would you rate yourself in the following areas?

Knowledge of abstinence information  Excellent  Good  Fair  Poor

Knowledge of what the Bible teaches about abstinence  Excellent  Good  Fair  Poor

Knowledge of abortion methods  Excellent  Good  Fair  Poor

Knowledge of current laws concerning abortion  Excellent  Good  Fair  Poor

Knowledge of what the Bible teaches about abortion  Excellent  Good  Fair  Poor

10. What area(s) do you consider to be your possible weakness? \_\_\_\_\_

\_\_\_\_\_

11. Are there any particular personality types with whom you have difficulty working?

\_\_\_\_\_

\_\_\_\_\_

**References**

Please have your pastor or church leader fill out a Pastor's Recommendation Form on you and return the completed form to you.

Pastor or Church Leader \_\_\_\_\_ Phone Number

\_\_\_\_\_

Please list four references who are not related to you and who have known you for at least two years.

Name	Phone	Relationship	Years Acquainted
1.			
2.			
3.			
4.			

## Applicant's Certification and Agreement

I certify that the facts set forth in this Sidewalk Counselor (SWC) Training Application are true and complete to the best of my knowledge, and I authorize Lake County Right to Life (LCRTL) to verify their accuracy and to obtain reference information concerning my character and capabilities. I release LCRTL and any person or entity providing such reference information from any and all liability in relation to the provision of such information or relating to any decisions made based upon such information. If I become a SWC with LCRTL, I agree to fully adhere to its policies and rules, including those rules relating to maintaining confidentiality, a peaceful approach and adherence to the law. I recognize that, as a SWC, I will serve in a different role than the employees of LCRTL, and I am neither seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry. I certify that I have read and am in full agreement with LCRTL's mission statement.

Signature      of      Applicant      \_\_\_\_\_      Date  
\_\_\_\_\_

**Please return application and \$20 fee along with Pastor's Recommendation Form to:**

**Lake County Right to Life  
P. O. Box 9103  
Highland, IN 46322**