

MILWAUKEE BIRTHRIGHT, INC.

2025 W. Oklahoma Avenue, Suite 125
Milwaukee WI 53215

Phone: (414) 672-5433, Fax (414) 672-5434, e-mail: mail@milwaukeebirthright.com

Please return application to above address with attention: Judy Fecteau

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|------|---------------|------|
| Name | email address | Date |
|------|---------------|------|

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|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

1. Telephone: Home _____ Cell _____ Work _____

2. Field of Education _____ Degree ? _____

3. Marital Status _____ Children? _____ Ages _____

4. Are you employed? _____ Full time? _____ Part time? _____

5. Employer & Address _____

6. Occupation _____

7. Working Days and Times _____

8. Have you ever known an unwed mother? _____ In what circumstances? _____

9. Have you had any training or experience in counseling? _____

If so, please explain _____

10. How do you feel about abortion as a solution to a problem pregnancy? _____

9. Why would you like to become a BIRTHRIGHT VOLUNTEER? _____

12. Where did you hear about Birthright? _____

At present, our office hours are Monday, 12-4; Tuesday, 12-4, Wednesday, 12-4 Friday, 12-4. Our goal is to have office hours one more week day and an evening as well – from 4 to 7 p.m. There is 24/7 coverage by at-home volunteers during other hours.

I am willing to take whatever training and instructions are necessary to become a Volunteer. I understand that I will work with a Mentor until we are comfortable enough for me to become independent. These are the days and hours that I am available: _____

Signature

(form updated 3/5/15)