

Project Rachel Volunteer Form

Name: _____ Today's Date : _____

Age: _____ DOB: _____ Parish Affiliation: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: () _____ Work : () _____ Cell: () _____

Best number to reach you: _____ . Best time to call: _____

Is it ok to leave a voice message at this number? Y or N Is it ok to receive a text message? Y or N

Email: _____ Is it ok to email you? Y or N

Where did you hear about PR?

- Priest/Pastor Counselor Friend Family Member Radio Website
 Today's Catholic Business Card /Poster (location) _____ other _____

Tell more about yourself:

Why do I feel called to work in this field?

Please answer the following:

When a woman has had an abortion, I believe that

A woman chooses abortion because

What are my limits in helping someone? Are there some people I find impossible to deal with?
What about them affects me that way?

When I think about someone towards whom I would have trouble being compassionate, I think of

Why?

If a woman has had multiple abortions, I would wonder if

When I think about talking to a man who has been involved in an abortion, I

When I think of talking to an abortion provider who is coming to deal with his or her own abortion loss, I want to

When I think of talking to a mother who forced the abortion on her pregnant daughter, I

To process the stories and emotions I will experience in doing this work, my means of coping are

Please submit the name of your pastor and one other reference whom we can contact:

1. _____ Phone # or email _____

2. _____ Phone # or email _____

To the best of my knowledge, I have answered all of the questions truthfully and sincerely. I understand that it is the intention of Project Rachel Ministries to determine if I am an appropriate candidate to work with women and men who are suffering from the wounds of abortion. If approved, I agree to follow the protocol as established by the Diocese of Fort Wayne-South Bend in conjunction with Project Rachel Ministries.

Signature

Date