

# Cures without Cloning, Inc Application for Volunteers

Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Occupation \_\_\_\_\_

Previous Volunteer Experience (if any) \_\_\_\_\_

1. What church, if any, do you attend? \_\_\_\_\_

2. What is the extent of your formal education? \_\_\_\_\_

3. For which volunteer position are you applying? \_\_\_\_\_

4. Briefly state why you are interested in volunteering at the CWC \_\_\_\_\_

5. What special gifts, talents, or personality traits do you bring to this ministry?

6. Is there anything else that you want us to know about you?

7. What hours are you available?

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Other Availability: \_\_\_\_\_

8. Please list 2 personal references that we may contact:

Name	Relationship to you	Phone
1. _____		
2. _____		

**I understand that CWC may perform background checks and contact my personal references.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thanks so much for your interest in the Cures without Cloning!

### Mission

The mission of Cures without Cloning is to:

- 1) promote cures using ethical non-embryonic stem cell research, and
- 2) educate society regarding the intrinsic value and dignity of all human beings from the first stages of life, which begins at the moment of fertilization, also known as conception, or with cloning (whether through SCNT or other methods); and to activate society to protect these individual human beings.

**By signing below, you are stating that you have read and agree to uphold the Mission Statement of Cures without Cloning, Inc.**

Signed \_\_\_\_\_ Date \_\_\_\_\_