

Friends of the Unborn
Volunteer Questionnaire

**If you would like to be a volunteer,
please complete & return to:
fotulife@aol.com**

Friends of the Unborn
PO Box 692246
Quincy, MA 02269
617-786-7903

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: ...Home: _____ Cell: _____

Email: _____

Why would you like to volunteer at Friends of the Unborn? _____

Are you Pro-Life? _____ Do you believe that there are any circumstances

under which an abortion should be allowed? _____ If yes, could you explain: _____

Are you Christian? _____ Name of your Church: _____

How did you hear of Friends of the Unborn? _____

What days and hours would you be available?

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Can you volunteer on a weekly basis? _____

Would you prefer to volunteer occasionally? _____ How often? _____

