



VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & Street City State Zip Code

Phone # _____ Social Security # _____

Are you over 18 years old? ___Yes ___No

Have you ever been convicted of a crime? ___Yes ___No If yes, please explain: _____

Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma? ___Yes ___No GED? ___Yes ___No

School Name _____

2. College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) _____

Degrees earned: _____ Dates _____

Describe other training or degrees _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____

Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone # _____ Supervisor's Name _____

Organization _____

Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone # _____ Supervisor's Name _____

Organization _____

Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone # _____ Supervisor's Name _____

Employment History: List most recent employment first.

Employer _____ Dates of employment From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor's Name _____

Employer _____ Dates of employment From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor's Name _____

Employer _____ Dates of employment From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor's Name _____

Additional Information:

1. What is your reason for seeking to volunteer here? _____

2. Do you consider yourself a Christian? Yes No

If yes, how long have you been a Christian? _____

3. As a Christian, what is the basis of your salvation? _____

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

Church Name _____ Denomination _____

Pastor's Name _____ Phone # _____

Positions in which you have served _____

5. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this Center.

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

7. Have you ever counseled a woman who was considering an abortion? ___Yes ___No

Explanation: _____

8. Have you had any traumatic experiences relating to abortion? ___Yes ___No

Explanation: _____

9. Have you ever known a single pregnant woman? ___Yes ___No

Explanation: _____

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

- _____ Never an option
- _____ In cases of rape or incest
- _____ In cases where the mother's life was in extreme peril
- _____ In cases of extreme psychological distress
- _____ Other (specify)

11. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternative to abortion.

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

- | | | | |
|---|----------------|-----------|-----------|
| a. Knowledge of abortion methods | Excellent_____ | Good_____ | Fair_____ |
| b. Knowledge of current laws concerning abortion | Excellent_____ | Good_____ | Fair_____ |
| c. Knowledge of what the Bible teaches about abortion | Excellent_____ | Good_____ | Fair_____ |

13. Are you currently or have you ever been involved in seeking to adopt a child? ___Yes ___No

Explanation _____

14. What do you consider to be your possible areas of weakness? _____

15. Are there any particular personality types with whom you have difficulty working? ___Yes ___No

Explanation _____

References:

Please list persons who are not related to you and who have known you for at least two years, including your pastor.

1. _____

2. _____

3. _____

4. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the Pregnancy Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the Pregnancy Center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the Center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the Pregnancy Center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the Pregnancy Center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the Pregnancy Center's Statement of Faith and Statement of Principle.

Signature of applicant _____ Date _____

