



VOLUNTEER APPLICATION

Date ____/____/____

Name

Address Last First Middle Initial

Number & street City State Zip code

Date of Birth: ____/____/____ Age: _____ Phone: _____

Email: _____

Have you ever been convicted of a crime? ___Yes ___No

If yes explain: _____

Highest Education Level: _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____

Address _____

Position/Duties: _____ Date of Service: From _____ To _____

Organization _____

Address _____

Position/Duties: _____ Date of Service: From _____ To _____

Additional Information:

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

Please indicate what area you are interested in volunteering (see Volunteer Interest Form)?

What days/times are you available?

2. Do you consider yourself a Christian? ___ Yes ___ No How active are you in your Church Parish?

This organization is a Christian pro-life ministry. We believe that our faith in God the Father, Jesus Christ, and the Holy Spirit 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.

3. What special skills, talents, gifts, or personality traits would you bring to our organization?

4. List any community involvement and/or professional certifications that you may have.

5. Louisiana law defines abortion as the performance of any act with the intent to terminate pregnancy. It specifies that abortion is NOT to remove an ectopic pregnancy or the result of a miscarriage. Considering this definition, do you believe that abortion should be a choice for women with an unplanned pregnancy?

Yes No Other (explain)

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

Name	Address	Phone #	Years acquainted	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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.

Signature of Applicant: _____ Date _____

OFFICE ONLY:

INTERVIEWED BY: _____

