



VOLUNTEER APPLICATION

Date ____/____/____

Name

	Last	First	Middle Initial
Address			
_____		_____	_____
Number & street		City	State Zip code

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

Have you ever been convicted of a crime? ___Yes ___No

If yes explain: _____

Education:

Highest Education: _____

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 Opportunity handout)?

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 this ministry?



4. Have you ever counseled a woman who was considering an abortion? ___ Yes ___ No
(Explanation) _____

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

- In cases where the mother's life was in extreme peril Never
 In cases of extreme psychological disorder In cases of Rape/Incest 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:

INTRVW BY: _____

