

VOLUNTEER APPLICATION

Name			
Last	First	Middle I	nitial
Address			
Number & street	City	State	Zip code
Daytime Phone #	Evening	Phone #	
Cell Phone #	Email:		
Are you over 18 years old?Yes _	No		
Have you ever been convicted of a crime	?YesNo		
If yes, explain:			
Education:			
High School: Number of years com G.E.D.:YesNo	pleted (circle one) 1 2 3	4 Diploma:Y	esNo
High School name & location			
2. College and/or Vocational School:	Number of years complete	ed (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 expe	erience first.	
Organization	Date of volunteer	r service: From	To
Address			
Position/Duties			
Telephone			
Organization	Date of volunteer	service: From	To
Address			
Position/Duties			
Telephone	Supervisor name		

Er	nployment History: List most recent employment first.
En	pployer Date of employment: From To
Αc	ldress
Po	sition/Duties
Те	lephone Supervisor name

En	nployer Date of employment: From To
A	ldress
Po	sition/Duties
Те	lephone Supervisor name
A	lditional 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
	Address
	Pastor's namePhone
	Positions in which you have served
	This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us ables us, and motivates us to provide pregnancy services in this community. Please write a brief statement out 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
(E	xplanation)_
8.	Have you had any traumatic experiences relating to abortion? Yes No
(E	xplanation)
9.	Have you ever known a single pregnant woman? Yes No
(E	xplanation)
	. Under what circumstances would you consider abortion as an alternative for a woman with an planned 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)
	. Please list any books, films, or other material that you have read or viewed that relate to abortion egnancy, or alternatives to abortion.
12	. How would you rate yourself in the following areas?
	a. Knowledge of abortion methods excellent good fair poor
	b. Knowledge of current laws concerning abortion excellent good fair poor
	c. Knowledge of what the Bible teaches about abortion excellent good fair poor
13	. Are you currently or have you ever been involved in seeking to adopt a child? Yes No
(E	xplanation)_
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?

Please list four persons who are not related to you and who have known you for at least two years, one of the four should be your pastor.

NAME	ADDRESS	PHONE NUMBER	# OF YEARS ACQUAINTED	RELATIONSHIP

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	ve read and that I am in full agreement with the pregnancy center's
	Statement of Faith And
	Statement of Principle.
Signature of applicant	
Date	

-----ALL ABOUT ME -----

My Birthday			
City / town / location where you were born	ı		
Name of my spouse:	Our Anniversary:		
My Favorite Color:	Flower:_		Candy:
Things that make me smile			
Things I collect			
My hobbies			
My Children Name			Their Age
Special Prayer Requests			
Your Prayer Partners – those who are con	nmitted to	pray for you durin	g your time of service at PROD.
Name:			
Name:			
Name:			