

# Volunteer Application

**Name** \_\_\_\_\_  
Last First Middle Initial

**Address** \_\_\_\_\_  
Street City State Zip code

**Phone#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

## Education

**High School:** Number of years completed (Circle) 1 2 3 4 Diploma or GED (circle one)

**Name of school:** \_\_\_\_\_

**College and/or Vocational School:** Number of years completed 1 2 3 4 5 6 7

**Name of School** \_\_\_\_\_ **Degree** \_\_\_\_\_

**Any other training** (Bible, Spanish, counseling,...) \_\_\_\_\_

## Previous Volunteer Experience: List most recent volunteer experience first.

Organization \_\_\_\_\_ Dates of Service From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position / Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Organization \_\_\_\_\_ Dates of Service From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position / Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Employment History:** List most recent employment first.

Employer \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Position / duties: \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Position / duties: \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Additional Information**

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

2. Do you consider yourself a Christian? Yes \_\_\_\_ No \_\_\_\_ If so, for how long? \_\_\_\_\_

3. What is a Christian and on what is the basis of your salvation? \_\_\_\_\_

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

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Position's in which you have served in the church \_\_\_\_\_

5. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis 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, strengths or weaknesses would you bring to this ministry? \_\_\_\_\_

7. Have you ever counseled a woman who was considering an abortion or have you had any traumatic experiences relating to abortion?(explanation) \_\_\_\_\_

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8. Under what circumstances would you consider abortion as an alternative for a woman with a crisis 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 (explanation)\_\_\_\_\_

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### References

Please list your pastor in addition to two persons who are not related to you and who have known you for at least two years. (Give enclosed reference forms to then be sent to Care Net of NEPA, 498 S. Main St., Suite B, Montrose, PA 18801)

Name	Phone#	Yrs. Acquainted / Relationship
Pastor: _____		
1. _____		
2. _____		

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### 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 care center to verify their accuracy and to review reference information concerning my character and capabilities as submitted by my chosen sources. I release the pregnancy care 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. If I become a volunteer at the pregnancy care 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 care center, and I am not seeking nor expecting to receive any compensation 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 care center's Statement of Faith and Statement of Principle.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_