



1224 School Street
Wilkesboro, NC 28697

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, explain: _____

Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: ___Yes ___No
G.E.D.: ___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 name _____

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employment History: List most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor 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 _____

Address _____

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 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

(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?

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.	_____	_____	_____	_____	_____
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_____



1224 School Street
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(336) 838-9272

Reference for _____

The above-named person has submitted an application to volunteer for the pregnancy center. The applicant has authorized us to conduct a reference check. A volunteer provides support to women facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their lives
2. A dependable, responsible attitude; a willingness to give of themselves to the women with whom they work
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth

We have asked each applicant to supply us with three references—one from their pastor and two from people who know them well. Please answer the questions below and write a short paragraph describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? _____

What is your relationship to the applicant? (e.g., pastor, relative, friend) _____

How would you rate the applicant regarding:

	Below average	Average	Above average
Dependability			
Spiritual maturity			
Communication skills			
Cooperation			
Compassion/Mercy			
Submission to authority			
Initiative			

Please briefly describe applicant and your relationship with applicant:

Your name (please print)

Daytime phone number

Signature

Please mail the completed form to the above address. Thank you.