

Volunteer Application

Pregnancy Resource Center

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Date of Birth: _____

TNDL# _____

Emergency Contact Person: _____ Phone: _____

How did you find out about PRC? _____

What is your reason for seeking to volunteer? _____

Gender: female male Marital Status: married (Spouse's Name _____) separated

single If single, what are your living arrangements? parents roommate(s) campus boyfriend

Do you have children? yes no If yes, how many? _____ Do you have any children at home? yes no

Have you ever been convicted of a crime? yes no If yes, explain: _____

Education

High School: Number of years completed 1 2 3 4 Diploma: yes no G.E.D.

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

School: _____ Date: _____ Degree Earned: _____

Describe other Training or Degrees: _____

Previous Volunteer Experience (List most recent experience first)

Organization: _____ Dates of Service: From _____ to _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor Name: _____

Employment History

Employer: _____ Dates of Service: From _____ to _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor Name: _____

Employer: _____ Dates of Service: From _____ to _____

Church Involvement

Church Name: _____ Denomination: _____

Address: _____

Pastor's Name: _____ Phone: _____

Ministry position (s) in which you are currently serving: _____

Will you be able to provide current or previous ministry reference? yes no

Do you have 2-5 people that can provide you with ongoing prayer support? yes no

Significant Losses

Have you personally experienced a loss through? abortion miscarriage loss of a child or loved one

Explanation: _____

Have you received counseling for the situation listed above? yes no

Have you personally experienced an unplanned pregnancy? yes no Outcome: _____

Have you walked through on or more of the above with a friend or family member? yes no

Crisis Pregnancy Experience

Have you ever counseled a woman who was considering an abortion? yes no

Explanation: (Use additional paper if necessary) _____

Have you had any traumatic experiences related to abortion? yes no

Explanation: _____

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

never an option in case of extreme psychological distress in cases of rape or incest in cases of where the mother's life was in extreme danger other (specify) _____

When do you think sexual activity is morally permissible? _____

Explanation: _____

Personal Abortion Knowledge

How would you rate yourself in the following areas?

- Knowledge of abortion methods? excellent good fair poor
- Knowledge of current laws regulating abortion? excellent good fair poor
- Knowledge of what the Bible teaches (directly or indirectly) about abortion? excellent good fair poor

Personal Adoption Knowledge

How would you rate yourself in the following areas?

- Knowledge of types of adoption? excellent good fair poor
- Knowledge of current laws regulating adoption? excellent good fair poor
- Knowledge of what the Bible teaches (directly or indirectly) about adoption? excellent good fair poor

Are you currently or have you ever been involved in seeking to adopt a child? yes no

Explanation: _____

Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion. _____

Additional Information

This organization is a life-affirming ministry. We believe and our committed to present the gospel of Jesus Christ to women and men experiencing an unplanned pregnancy in word and action. Please write a brief statement about how your faith would affect your volunteer work at this center. Use additional paper if necessary.

Do you consider yourself a Christian? yes no If so, how long have you been a Christian? _____

As a Christian, what is the basis of your salvation? _____

What special skills, talents, gifts, or personality traits would you bring to this ministry? _____

What do you consider to be your possible areas of weakness? _____

Are there any particular personality types with whom you have difficulty working? _____

References

May we call your pastor or another leader for a reference? yes no

If yes. Name: _____ Phone: _____

What is your current involvement within the body of Christ? _____

Please list persons who are not related to you and who you have known you for at least two years.

| Name | Address | Phone # | Years Acquainted | Relationship |
|------|---------|---------|------------------|--------------|
| | | | | |
| | | | | |
| | | | | |

Core Beliefs

Have you read and agree with the Mission Statement and the Statement of Faith? yes no

Have you read and agree with CareNet's Statement of Principle? yes no

Have you read and agree with CareNet's Commitment to Care? yes no

If no, explain: _____

Volunteer Opportunities

Area (s) of interest: Please check appropriate areas and list any areas not mentioned below.

- peer counselor administrative /receptionist data entry "on call" administrative volunteer
- RN special project volunteer

When are you available to volunteer? (days and hours) _____

I understand that an inquiry may be made which will provide information concerning my character, reputation and Christian maturity.

Signed: _____ Date: _____