



// VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name First Last MI

Address

City State Zip

Phone Email

Date of Birth Social Security Number Are you over 18 years old?

Yes
 No

Have you ever been convicted of a crime?

Yes No If yes, please explain below



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EDUCATIONAL BACKGROUND

High School

Number of years completed 1 2 3 4

Diploma Yes

No

GED Yes

No

School Name

College and/or Vocational School

Number of years completed 1 2 3 4 5 6 7

School(s)

Degrees Earned

Dates

Describe other training or degrees



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PREVIOUS VOLUNTEER EXPERIENCE

List most recent volunteer experience first.

1

Organization

Date of volunteer service:

From

To

Address

City

State

Zip

Positions/Duties

Phone

Supervisor Name

2

Organization

Date of volunteer service:

From

To

Address

City

State

Zip

Positions/Duties

Phone

Supervisor Name



// VOLUNTEER APPLICATION

EMPLOYMENT HISTORY

List most recent employment first.

1

Employer

Date of employment:

From

To

Address

City

State

Zip

Position/Duties

Phone

Supervisor Name

2

Employer

Date of employment:

From

To

Address

City

State

Zip

Position/Duties

Phone

Supervisor Name



// VOLUNTEER APPLICATION

ADDITIONAL INFORMATION

What times and days are you available to volunteer here?

How many hours per month are you willing and able to devote to the center?

How do you handle conflict with others?

Please make a general evaluation of *your abilities* in the following areas

a: To forgive others

- Excellent Good Fair Poor

b: To lead others to Christ

- Excellent Good Fair Poor

c: Biblical teaching to youth

- Excellent Good Fair Poor

d: Biblical teaching to married couples

- Excellent Good Fair Poor

e: Knowledge of abortion methods used and existing laws

- Excellent Good Fair Poor

f: Knowledge of biblical teaching on the sanctity of human life

- Excellent Good Fair Poor

g: Knowledge of biblical teaching on abstinence

- Excellent Good Fair Poor

Do you consider yourself a Christian?

- Yes No If yes, how long?

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



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What is your reason for seeking to volunteer here?:

Church Name

Denomination

Address

Pastor's name

Phone

Positions in which you have served



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This organization is a life supporting ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community.

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

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) _____



// VOLUNTEER APPLICATION

REFERENCES

Please provide at least two employment references and at least two personal references (including your pastor):

1

Name

Address

Phone

Relationship

Years Acquainted

2

Name

Address

Phone

Relationship

Years Acquainted

3

Name

Address

Phone

Relationship

Years Acquainted



// VOLUNTEER APPLICATION

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 ministry to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center ministry 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 pregnancy 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 ministry, 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 ministry, 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 ministry's Statement of Faith and Statement of Principle.

Volunteer's signature

Date

VOLUNTEER CONFIDENTIALITY PLEDGE

I acknowledge that I have read, understand and agree with WTL / WPCC confidentiality policy and procedures.

I hereby pledge that all information, both client and financial supporter information, will remain confidential. I will not discuss any information with anyone except the Executive Director and the Client Services Director(s).

I understand that if I break my pledge, I will no longer be permitted to volunteer for the Waller Pregnancy Care Center.

Volunteer's signature

Date