



Confidential Volunteer Application

Name:		Date:
Address:		
City/State		Zip
Email Address:		DOB:
Phone:	Cell:	Marital Status:
Spouse:		DOB:
Children's Names & Ages:		

EMPLOYMENT BACKGROUND:

Employer:	
Occupation:	How long?
Full time or Part time:	

Previous Work History (Past 3 years)

Where:	How long:
Where:	How long:
Where:	How long:

EDUCATIONAL BACKGROUND:

High School attended:	
Location:	Years completed:
College attended:	
Location:	Major:
Degree earned:	
List any special training, areas of concentration, biblical studies, or education experiences.	

TRAINING/GIFTS:

1.	What special gifts, talents, or personality traits could you bring to this ministry?
2.	What are your strengths?
3.	What are your possible areas of weakness?
4.	What personality types do you have difficulty working with?

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CHRISTIAN WALK

1.	Do you consider yourself to be a Christian?	
	If yes, please explain what it means to be a Christian.	
2.	How long have you been a Christian?	
	Briefly give your personal testimony.	
3.	How has your life changed since your personal relationship with Jesus Christ began?	
4.	Which church do you attend?	
	Address:	
	Pastor's Name:	Phone:
5.	How long have you been involved at your church?	
6.	Describe positions/services performed within the church.	
7.	Are you currently involved in a Bible Study?	How long?
8.	Do you have a daily devotional?	

GENERAL INFORMATION:

1.	How did you hear about the Pregnancy Resource Center?	
2.	What is your reason for getting involved with PRC?	
3.	How does your spouse/family feel about involvement with PRC?	
4.	Have you ever counseled a woman who was considering an abortion?	
	If yes, please explain:	
5.	Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?	
	Never an option	Extreme psychological stress
	Life of the mother	Other, please explain
	Rape/incest	
6.	Have you had any traumatic experiences related to abortion?	
	If yes, please explain.	
7.	How do you feel about a single woman parenting her baby?	
8.	Are you currently seeking to adopt a child?	
9.	When do you feel sexual intercourse is morally permissible?	
10.	What are your feelings regarding birth control for teenagers or single adults who are sexually active?	

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REFERENCES:

Please list the names and addresses of a Christian leader who knows you well and two other people who have known you at least one year.

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

Applicant's Certification and Agreement

I certify that the facts set forth in this 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 on my work performance and character

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: _____