

Pregnancy Service Center, Inc. Volunteer Application

Completing an application with the Pregnancy Service Center does not imply a commitment to volunteer or that your talents and abilities will be perfect fit for this ministry.

Date _____

Personal Information:

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Phone (home) _____ (cell) _____ (work) _____ *

E-mail Address (home) _____ (work) _____ *

*Is it okay to contact you here if necessary? Phone _____ E-mail _____

Occupation _____ Employer _____

Date of Birth (month/day) _____ Age _____ Marital Status _____

Spouse Name _____ Anniversary _____

Names and Ages of Children

Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

How did you hear about PSC? _____

What made you consider volunteering here? _____

Education:

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

Diploma: ___Yes ___No G.E.D.: ___Yes ___No

School name _____

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 _____

Volunteer Experience:

What other volunteer commitments do you currently hold? _____

List most recent volunteer experience

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

List next most recent volunteer experience

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 _____

List next most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Additional Information:

Do you consider yourself a Christian? ___ Yes ___ No

If yes, how long have you been a Christian? _____

Give a brief statement about how you came to know Christ as your personal Lord and Savior.

How has your life changed since your personal relationship with Christ began? _____

Please provide the following information concerning your local church.

Church name _____

Denomination _____

Address _____

Pastor's name _____ Phone _____

Positions in which you have served _____

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.

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

Have you ever counseled a woman who was considering an abortion? ___ Yes ___ No

(Explanation) _____

Have you had any traumatic experiences relating to abortion? ___ Yes ___ No

(Explanation) _____

Have you ever known a single pregnant woman? ___ Yes ___ No

(Explanation) _____

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)

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

How would you rate yourself in the following areas?

Knowledge of abortion methods excellent___ good___ fair___ poor___

Knowledge of current laws concerning abortion excellent___ good___ fair___ poor___

Knowledge of what the Bible teaches about abortion excellent___ good___ fair___ poor___

Are you currently or have you ever been involved in seeking to adopt a child? ___ Yes ___ No
(Explanation)_____

When do you feel that sexual intercourse is morally permissible? _____

What are your feelings regarding birth control for teens and single women who are sexually active? _____

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

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
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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 Service Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the Pregnancy Service 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 Service Center's Statement of Faith and Statement of Principle.

Signature of applicant _____ Date _____