



# LIFE Pregnancy Center Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home #) \_\_\_\_\_ (Cell #) \_\_\_\_\_ (Emergency #) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you over 18 years old? \_\_\_ Yes \_\_\_ No Date of Birth: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

## Education:

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

Diploma \_\_\_ Yes \_\_\_ No G.E.D. : \_\_\_ Yes \_\_\_ No

School: \_\_\_\_\_

College and/or Vocational School: \_\_\_\_\_

Number of years completed (circle one) 1 2 3 4 5 6 7

School(s): \_\_\_\_\_ Address: \_\_\_\_\_

Major: \_\_\_\_\_ Degree earned (date) \_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

## Employment History: (List most recent employment first.)

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Employer: \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone : \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone : \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

## Additional Information:

1. What is your reason for seeking to work 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 \_\_\_\_\_

How long have you attended? \_\_\_\_\_

How often do you attend church? \_\_\_\_\_

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

6. This is a Christian pro-life ministry. We believe 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 work at this Center. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Have you ever counseled a woman considering an abortion? \_\_\_Yes \_\_\_No
8. Have you had any traumatic experiences relating to abortion? \_\_\_Yes \_\_\_No  
 (Explanation)\_\_\_\_\_
9. 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 case the mother's life was jeopardy \_\_\_\_\_ In cases of psychological distress \_\_\_\_\_  
 Other(specify)\_\_\_\_\_
10. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion \_\_\_\_\_
11. How would you rate yourself in the following areas?  
 a. Knowledge of abortion methods: Excellent\_\_\_ Good \_\_\_ Fair\_\_\_ Poor\_\_\_\_\_  
 b. Knowledge of current abortion laws: Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor \_\_\_  
 c. Biblical teachings about abortion: Excellent\_\_\_ Good \_\_\_ Fair\_\_\_ Poor \_\_\_\_\_
12. Are you currently or have you ever been involved in seeking to adopt a child?  
 \_\_\_Yes \_\_\_No (Explanation)\_\_\_\_\_
13. What do you consider to be your possible areas of weakness? \_\_\_\_\_  
 \_\_\_\_\_
14. Are there any particular personality types whom you have difficulty working?  
 \_\_\_\_\_

**References:**

Please list persons, including your pastor, who have known you 2 years.

	<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Years</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**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 Center to verify accuracy and to obtain reference information concerning my character and capabilities. I release the 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 duties may involve direct interaction with clients. 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 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 Center's Statement of Faith, Mission and Visions Statements and Commitment of Care & Competence.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_