



VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Home Phone # _____ Social Security # _____

Cell Phone # _____ Email address: _____

Spouse Name (if applicable) _____

Are you over 18 years old? ___Yes ___No DOB _____

Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: ___Yes ___No
G.E.D.: ___Yes ___No

School name _____

2. 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 _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

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 _____

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Additional Information:

1. What is your reason for seeking to volunteer 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 _____

5. 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.

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

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

(Explanation) _____

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

(Explanation) _____

9. Have you ever known a single pregnant woman? Yes No

(Explanation) _____

10. 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) _____

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

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 Support Clinic of Valdosta, Inc. to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the Pregnancy Support Clinic of Valdosta, Inc. 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 Support Clinic of Valdosta, Inc., 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 Support Clinic of Valdosta, Inc., 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 Support Clinic of Valdosta, Inc.'s Mission Statement, Statement of Faith, and Statement of Principle.

Signature of applicant _____

Date _____