

# MULIER CARE

SERVING WITH DIGNITY & COMPASSION

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Are you over 18 years old? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain:

\_\_\_\_\_

## EDUCATION

1. High School: Number of years complete (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

School(s) \_\_\_\_\_

Degrees earned \_\_\_\_\_ Dates \_\_\_\_\_

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

**PREVIOUS VOLUNTEER EXPERIENCE** (List most recent volunteer experience first)

Organization \_\_\_\_\_

Date of service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

Organization \_\_\_\_\_

Date of service: 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

3. Please provide the following information concerning your local church:

Church name \_\_\_\_\_

Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor's name \_\_\_\_\_

Position in which you have served \_\_\_\_\_

4. This organization is a Christian pro-life ministry. Please write a brief statement about how your faith would affect your volunteer work on this unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

(Explanation) \_\_\_\_\_

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

(Explanation) \_\_\_\_\_

8. Have you ever known a single pregnant woman?  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 cases where the mother's life was in extreme peril

\_\_\_\_\_ In cases of extreme 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.

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11. How would you rate yourself in the following areas?

a. Knowledge of abortion methods

excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

b. Knowledge of current laws concerning abortion

excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

c. Knowledge of what the Bible teaches 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?

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14. Are there any 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.

1.

Name
Address
Phone #
Years Acquainted Relationship

2.

Name
Address
Phone #
Years Acquainted Relationship

3.

Name
Address
Phone #
Years Acquainted Relationship

## 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 to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy 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.

Signature of applicant:

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Date: \_\_\_\_\_