

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) _____

If you have had an abortion, before going through the Volunteer Training you need to complete a post abortion healing class. The Women's Pregnancy Center can refer you to a church that is offering this class. (Men who have fathered a child who was aborted need to go through a men's post abortion healing class.)

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.

12. 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 Bible teaches about abortion excellent___ good___ fair___ poor___

13. Are you currently or have you ever been involved in seeking to adopt a child? ___ Yes ___ No

(Explanation)_____

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

15. 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
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

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.

I further certify that I have read and that I am in full agreement with the Women's Pregnancy Center's Statement of Faith and Statement of Principle.

Signature of applicant _____

Date _____