



COMPASSION PREGNANCY CENTER VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Work/Other _____

Email Address _____

Emergency Contact _____ Phone _____ Relationship _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain: _____

Education:

- High School Diploma or GED: Yes _____ No _____ School Name _____
- College/Vocational School _____
Degree/s earned _____
- Describe other training or degrees _____

Previous Volunteer Experience: List most recent first.

Organization _____ Dates of service: from _____ to _____

Position/Duties _____

Supervisor Name _____ Phone _____

Organization _____ Dates of service: from _____ to _____

Position/Duties _____

Supervisor Name _____ Phone _____

Employment History: List most recent first.

Employer _____

Position/Duties _____

Employer _____

Position/Duties _____

Additional Information:

What is your reason for seeking to volunteer here? _____

Are you a Christian? Yes _____ No _____ What does it mean to be a Christian? _____

Please provide the following information concerning your local church.

Church Name _____ Denomination _____

Address _____ City _____ State _____ Zip _____

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 be put into action as a volunteer at this center:

Interest/Skills (Indicate those that are appropriate with a check mark):

Administrative: __Office __Fundraising __Communication __Other _____

 __Marketing __Internet Tech __Social Media

Clerical Skills: __Typing __Filing __Receptionist __Computer

 __Statistics __Mailings __Copy/Assemble __Statistics

Communication: __Journalism __Newsletter __Research __Public Speaking

 __Artistic __Fundraising __Trainer __Phone Solicitor

 __Publishing __Other _____

Client Services: __Mentor __Medical __Childbirth instructor __Childbirth coach

 __Instructor __Childcare provider __Housing _____ __Group Facilitator

Personal skills: __Sewing __Maintenance __Cleaning __Baking

 __Musical __Laundry __Organizing __Other _____

Have you had any personal experience with abortion or adoption? Yes _____ No _____

Under what circumstances would you consider abortion an alternative for a woman faced with a crisis pregnancy? Never an option____ In cases of rape or incest____ In cases of severe psychological stress____ When the life of the mother is in danger____ Other_____

Rate your personal knowledge in the following areas on a scale from 1 to 10 (10 is highest):

Abortion____ Fetal Development____ Adoption____ Parenting____

Knowledge of current laws concerning abortion: excellent___ good___ fair___ poor___

Knowledge of what the Bible teaches about abortion: excellent___good___fair___poor___

Under what circumstances would you consider premarital sexual activity acceptable?

When a couple is in love____ When a couple is engaged____ When both are over 21____

When one of the parties has previously been married____ Never____ Other____

Have you ever had an abortion or been involved in a decision to have an abortion? Yes_____ No _____

**Please note the answer to this question does not prohibit you from volunteering at Compassion.*

Hours you are available (circle days & times; each shift is approximately 4 hours)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
	evening		evening		

Please read Compassion Pregnancy Center’s Mission Statement and Statement of Principles.

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 decisions made based upon such information. I give permission to the pregnancy center to conduct a criminal background check. 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 benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and I am in full agreement with the pregnancy center’s Statement of Faith, Statement of Principles, Personal Commitments, and Mission Statement.

Signature of Applicant_____Date_____