

BIRTHCHOICE PREGNANCY CENTER CONFIDENTIAL APPLICATION FOR VOLUNTEERS

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
Birth Date(year optional): \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone number(\_\_\_\_): \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone number(\_\_\_\_): \_\_\_\_\_  
Occupation: (current) \_\_\_\_\_ (previous) \_\_\_\_\_  
Volunteer experience : \_\_\_\_\_  
How did you become interested in this volunteer position? \_\_\_\_\_  
Education: \_\_\_\_\_ Special Training: \_\_\_\_\_  
What particular skills do you bring to the position you apply for? \_\_\_\_\_  
\_\_\_\_\_

**Personal References, please exclude relatives:**

1. Name: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Church currently attending: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
May we contact your pastor? (Teens – youth minister, school counselor or teacher) YES NO  
Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_  
Are you a Christian? YES NO What does it mean to be a Christian? \_\_\_\_\_  
How does your family feel about your involvement? \_\_\_\_\_

**INTEREST/SKILLS: (Indicate those that are appropriate with a check mark)**

Administrative Skills:  office  program  communications \_\_\_ fundraising \_\_\_ librarian \_\_\_ other  
Clerical Skills: \_\_\_ typing \_\_\_ filing \_\_\_ phone \_\_\_ receptionist \_\_\_ computer \_\_\_ mailings \_\_\_ librarian  
\_\_\_ copy/assembling \_\_\_ bookkeeping \_\_\_ statistics \_\_\_ other \_\_\_\_\_  
Communication skills: \_\_\_ public speaking \_\_\_ journalism \_\_\_ newsletter \_\_\_ research \_\_\_ acting \_\_\_ artistic \_\_\_ fundraising  
\_\_\_ trainer \_\_\_ telephone solicitation \_\_\_ publishing \_\_\_ other \_\_\_\_\_  
Client Services: \_\_\_ peer counseling \_\_\_ mentor \_\_\_ medical \_\_\_ childbirth instructor \_\_\_ childbirth coach \_\_\_ group facilitator  
\_\_\_ instructor \_\_\_ childcare provider \_\_\_ transportation \_\_\_ furniture distribution \_\_\_ housing \_\_\_ other  
Personal skills: \_\_\_ sewing \_\_\_ maintenance \_\_\_ cleaning \_\_\_ baking \_\_\_ musical \_\_\_ laundry(maternity & baby clothing)  
\_\_\_ organizing (closets, literature) \_\_\_ other \_\_\_\_\_

List your personal strengths: \_\_\_\_\_  
List your personal weaknesses: \_\_\_\_\_

Have you had personal experience with adoption or abortion? YES NO

Explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Have you ever been accused of sexual misconduct? \_\_\_\_\_

Preferred hours (morning, afternoon, evening) \_\_\_\_\_

Preferred days (**Circle**) Monday Tuesday Wednesday Thursday Friday Saturday

**The above information is accurate and correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your signature indicates your approval for us to check references. The organization is not obligated to provide a placement. Nor is the applicant obligated to accept a position with the organization.

**APPLICANTS FOR CLIENT CONTACT POSITIONS, PLEASE CONTINUE**

Rate your personal knowledge in the following areas on a scale from 1-10 (10 being the highest)

Abortion  Fetal Development  Adoption  Parenting

How would you counsel a sexually active single? \_\_\_\_\_  
\_\_\_\_\_

Under what circumstances would you consider premarital sexual activity acceptable?

When the couple is in love? \_\_\_\_ When the couple is engaged? \_\_ When both over 21? \_\_

When one of the parties has been previously married? \_\_ Never \_\_\_\_ Other \_\_\_\_

How would you counsel an individual considering an abortion? \_\_\_\_\_  
\_\_\_\_\_

Under what circumstances would you consider abortion 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

How would you counsel someone spiritually? \_\_\_\_\_  
\_\_\_\_\_

Write your personal testimony \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When will you attend the training series? \_\_\_\_\_