



The Pregnancy Care Center Volunteer Application

Personal Information:

Name: _____
(Last) (First) (Middle initial) (Maiden name)

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Are you over 18 years old? Yes No

Emergency contact name and phone: _____

Education:

Do you have education or training experience that might be helpful with volunteering at The Pregnancy Care Center? _____

Employment:

Are you currently employed? Yes No If so, where? _____

Current position: _____ Is this position full or part time? _____

Do you have any other work experience that might have prepared you to volunteer in a specific area at The Pregnancy Care Center? _____

Previous Volunteer Experience: (List most recent volunteer experience first.)

Organization: _____ Length of service _____

Position/Duties: _____

Organization: _____ Length of service _____

Position/Duties: _____

Additional Information:

1. What draws you to volunteer at The Pregnancy Care Center? _____

2. Do you consider yourself a follower of Jesus Christ? ___ Yes ___ No How long have you been a Christ-follower and how does your faith impact your life? _____

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

Name of Church: _____

Pastor's Name: _____ Telephone: _____

Positions in which you have served: _____

4. How would your faith affect your volunteer work at The Pregnancy Care Center? _____

5. What special skills, talents and gifts would you bring to this ministry? _____

6. Are you bilingual? ___ Yes ___ No If so, what languages do you speak? _____

7. Have you had any personal experiences relating to abortion? ___ Yes ___ No
(If so, please explain) _____

8. 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) _____

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

(If yes, please explain) _____

10. Have you ever been convicted of a crime? ___Yes ___No

References: Please list persons who are not related to you and who have known you for at least two years. **One of the 3 references must be a spiritual leader (pastor, priest, small group leader, ministry leader, etc).** Please completely fill out this section. The Pregnancy Care Center will be mailing a reference form to each of these individuals.

Spiritual leader

1. Name: _____ **Relationship:** _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Years acquainted: _____

Email address: _____

2. Name: _____ **Relationship:** _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Years acquainted: _____

Email address: _____

3. Name: _____ **Relationship:** _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Years acquainted: _____

Email address: _____

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 Care Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release The Pregnancy Care 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 Pregnancy Care 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 Care 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 Care 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: _____ Date: _____

Once we receive your application and references, a phone interview will follow. What day of the week and time would be easiest to reach you? _____

Thank you for your interest in serving at The Pregnancy Care Center and for completing this application. Your personal information will be kept in strictest confidence.

The Pregnancy Care Center of Rockford

4108 Morsay Drive
Rockford, IL 61107
815.997.1200

Center hours:

Monday 9:00 am – 5:00 pm
Tuesday 9:00 am – 8:00 pm
Wednesday 9:00 am – 3:00 pm
Thursday 9:00 am – 5:00 pm
Friday 9:00 am – 1:00 pm