



PREGNANCY RESOURCES OF DORAVILLE

Where Options Meet Hope!

VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Daytime Phone # _____ Evening Phone # _____

Cell Phone # _____ Email: _____

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 completed (*circle one*) 1 2 3 4 Diploma: ___Yes ___No
G.E.D.: ___Yes ___No

High School name & location _____

2. College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) _____

Degrees earned _____ Dates _____

Describe other training or degrees _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employment History: List most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employer _____ Date of employment: 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

If yes, how long have you been a Christian? _____

3. As a Christian, what is the basis of your salvation? _____

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.

Please list four persons who are not related to you and who have known you for at least two years, one of the four should be your pastor.

NAME	ADDRESS	PHONE NUMBER	# OF 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.

I further certify that I have read and that I am in full agreement with the pregnancy center's

_____ Statement of Faith
And
_____ Statement of Principle.

Signature of applicant _____

Date _____

-----**ALL ABOUT ME**-----

My Birthday _____

City / town / location where you were born _____

Name of my spouse: _____ Our Anniversary: _____

My Favorite Color: _____ Flower: _____ Candy: _____

Things that make me smile _____

Things I collect _____

My hobbies _____

My Children
Name

Their Age

_____	_____
_____	_____
_____	_____
_____	_____

Special Prayer Requests _____

Your Prayer Partners – those who are committed to pray for you during your time of service at PROD.

Name: _____

Name: _____

Name: _____