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**PREGNANCY CARE CENTERS OF SOUTH CENTRAL INDIANA  
VOLUNTEER APPLICATION**

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Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number & street City State Zip code

Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you over 18 years old? Yes No Birthday (Month and Day) \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, explain: \_\_\_\_\_

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*Every Pregnancy Care Center volunteer may be subject to a criminal background check*

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**Education:**

High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: Yes No G.E.D.: Yes No

School name \_\_\_\_\_

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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**Additional Information:**

1. What is your reason for seeking to volunteer here? \_\_\_\_\_  
\_\_\_\_\_

1. Do you consider yourself a Christian?  Yes  No  
If yes, how long have you been a Christian? \_\_\_\_\_

2. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What special skills, talents, gifts, or personality traits would you bring to this ministry?

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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) \_\_\_\_\_

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.

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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 the 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?

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15. Are there any particular personality types with whom you have difficulty working?

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**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                                  City, ZIP                                  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 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 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 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 center, and 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 understand all volunteers that have contact with clients (peer counselor, receptionist, medical volunteer, and phone line volunteer) are required to complete the 18 hour volunteer training within 6 months of volunteering. I further certify that I have read and am in full agreement with the center's Statement of Faith (or Nicene Creed), Statement of Principle, and Sexual Purity Pledge.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*FOR OFFICE USE ONLY*

\_\_\_\_\_ *Application picked up*                                  \_\_\_\_\_ *Completed Training*                                  *Volunteer Positions Held:* \_\_\_\_\_

\_\_\_\_\_ *Application returned*                                  \_\_\_\_\_ *Began In-Center Training*                                  \_\_\_\_\_

\_\_\_\_\_ *References mailed out*                                  \_\_\_\_\_ *Date ended volunteering*                                  \_\_\_\_\_

\_\_\_\_\_ *References Returned*                                  \_\_\_\_\_