

WISE CHOICES PREGNANCY RESOURCE CENTER
APPLICATION FOR VOLUNTEER POSITION

Date: _____ Social Security #: _____

Name _____

Last, First, Middle

Address _____

Number & Street City State Zip code

Phone # _____ Cell Phone# _____

Email _____ Date of Birth _____

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

School name _____

2. College and/or Vocational School:

Number of years completed (circle one) 1 2 3 4 5 6 7

School(s) _____

Degrees earned _____

Dates _____

3. Describe other training or degrees

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____
Dates of service: _____ Supervisor name _____
Telephone _____ Email _____
Address _____
Position/Duties _____

Organization _____
Dates of service: _____ Supervisor name _____
Telephone _____ Email _____
Address _____
Position/Duties _____

Employment History: List most recent employment.

Employer _____
Position/Duties _____
Dates of employment : From: _____ To : _____

Employer _____
Position/Duties _____
Dates of employment : From: _____ To : _____

Employer _____
Position/Duties _____
Dates of employment : From: _____ To : _____

Employer _____
Position/Duties _____
Dates of employment : From: _____ To : _____

Additional Information:

1. What is your reason for seeking to work here?

2. Do you consider yourself a Christian? ___ Yes ___ No

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

3. Please provide the following information concerning your local church.

Church name _____

Denomination _____

Address _____

Pastor's name _____

Phone / Email _____

Positions in which you have served

4. Marital Status: _____

Spouse's name (if applicable): _____

5. How do your spouse and/or family feel about your involvement with WCPRC?

6. Please list any books, films, online material or other resources that you have read or viewed that relate to abortion, pregnancy, adoption, or alternatives to abortion?

11. Have you ever known a single pregnant woman? ___ Yes ___ No

(Explanation) _____

12. 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) _____

13. 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___

14. Are you currently or have you ever been involved in seeking to adopt a child?

___ Yes ___ No

(Explanation) _____

15. What do you consider to be your possible areas of weakness?

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

17. If selected, are you willing to make a 4-hour commitment each week for a minimum of one year? _____

18. Are you willing to give WCPRC a priority commitment? _____

19. Which volunteer position are you interested in (i.e. Advocate, Childcare, Class Instructor or Office Aide)? _____

References:

Please list persons who are not related to you and who have known you for at least two years, **including your pastor.**

1.
Name: _____
Email address: _____
Address: _____
Phone: _____
Years Acquainted: _____ Relationship _____

2.
Name: _____
Email address: _____
Address: _____
Phone: _____
Years Acquainted: _____ Relationship _____

3.
Name: _____
Email address: _____
Address: _____
Phone: _____
Years Acquainted: _____ Relationship _____

APPLICANT'S CERTIFICATION AND AGREEMENT

General Volunteer Agreement

I certify that the facts set forth in this 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 duties may involve direct interaction with minors, as well as annual checks if hired. If I become a volunteer at the pregnancy center, I further agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality.

Signature of applicant _____

Date _____