

Position/Duties _____

Telephone _____ Supervisor name _____

Employment History: List most recent employment.

Employer _____

Position/Duties _____

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. Please provide the following information concerning your local church.

Church name _____ Denomination _____

Address _____

Pastor's name _____ Phone _____

Positions in which you have served _____

4. Marital Status: _____ Spouse's name (if applicable): _____

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

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

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

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

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

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	Years acquainted	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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.

Signature of applicant _____

Date _____