

FORESTVILLE PREGNANCY CENTER

VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____

e-mail address _____

Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL _____ COLLEGE _____

SPECIAL EDUCATION, EXPERIENCE, SKILLS _____

OCCUPATION _____

VOLUNTEER OPPORTUNITIES

Please list days of the week you are available to volunteer _____

Circle time of day you are available: Monday – Friday (10:00 AM -2:00 PM)
Saturday (10:00 AM – 2:00 PM)

List special gifts or talents you have: _____

CHECK AREAS OF INTEREST:

___Receptionist* ___Counselor* ___Childbirth Instructor* ___Fundraising

___Public Relations ___Educational Research ___Grant Writing ___Newsletter

***THESE HAVE CONTACT WITH CLIENT AND REQUIRE TRAINING.**

HAVE YOU EVER BEEN CONVICTED OF CHILD ABUSE OR ANY CRIME INVOLVING SEXUAL MOLESTATION OF A MINOR? Yes___ No___ IF YES, PLEASE EXPLAIN:_____

ARE YOU A CHRISTIAN? Yes___ No___ Years as a Christian_____

CHURCH NAME_____ PHONE:_____

PASTOR:_____

We would like to contact your Pastor for a reference. List any objection you would have to this._____

HAVE YOU EVER COUNSELED A WOMAN WHO WAS CONSIDERING AN ABORTION? Yes___ No___ IF YES, PLEASE EXPLAIN:_____

HAS ABORTION EVER TOUCHED YOUR LIFE?_____

UNDER WHAT CIRCUMSTANCES WOULD YOU CONSIDER ABORTION AS AN ALTERNATIVE FOR A WOMAN IN A CRISIS PREGNANCY?

Rape/Incest___ Severe Psychological Stress___ Mother's Life at Risk___

Never an Option___ Under what circumstances would you feel justified in

a woman for an abortion?_____

IF SINGLE, ARE YOU NOW OR HAVE YOU BEEN IN A SEXUAL RELATIONSHIP:_____

WHAT ARE YOUR FEELINGS ON CONTRACEPTIVES?_____

WHAT MADE YOU INTERESTED IN VOLUNTEERING AT THE FPC:_____

WE WOULD LIKE ANOTHER REFERENCE. PLEASE PROVIDE THE NAME AND ADDRESS OF ONE OTHER PERSON WE MAY CONTACT FOR A REFERENCE.

I am willing to commit myself to this work._____

(Signature)