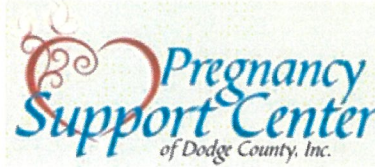


Volunteer Application



PSCDC Mission Statement

Serving women and their babies, born and unborn, in Dodge County by offering support, guidance and education in times of physical, emotional and spiritual need.

Name: _____ **Birthdate:** _____

Address: _____ **City:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Marital Status: _____ **Spouse:** _____

Occupation/Employer: _____

Church Affiliation: _____ **How long?** _____

Phone: _____ **Do you consider yourself a Christian?** _____

List any prior experience with your church or other organization.

Why do you want to volunteer with PSCDC?

Center hours: Monday 9am-5pm Wednesday 12pm-8pm Thursday 9am-5pm

Based on the center hours listed above and your own schedule, please identify your level of commitment.

Hours/Week: _____

Days/Times you are available: _____

Skills/Talents/Interests: _____

Volunteer Application

Circle the areas in which you would like to become involved:

Client Advocate	Assist with mailing	Sort/Organize donated items
Office Tasks	Marketing Committee	Fundraising Committee
Pray with Clients	Draft/Send Thank-you Notes	

Would you consider making public presentations on behalf of PSCDC?

References: Two references must be people you have known for at least two years. Family members are excluded. Ideally, the third reference should come from your pastor or church leader.

Name: _____ Phone: _____ Relationship: _____ # of years known: _____

Share any other comments or pertinent information about yourself.

In agreeing to be a volunteer of the PSCDC inc., I am willing to be accountable to its leadership. I have read and am in agreement with the statement of faith and PSCDC Mission Statement (at top of application.) The information I have provided in this application is complete and accurate and may be verified by PSCDC. I authorize the center and its agents to verify any information related to this application. I also authorize all individuals, previous employers, and law enforcement officials to freely share any information concerning my background (including the results of a background check conducted by PSCDC.) To the center, I hereby release any and all of them from any liability for doing so. I also agree to execute any releases, as well as my social security number, to enable PSCDC to obtain information on prior employment, medical, judicial and law enforcement records, and any information pertinent to matters addressed in this application.

Signature: _____ Date: _____

For Office Use Only

Interview Date: _____ Approved By: _____ Date: _____
Start Date: _____ Days of week scheduled: _____ Time: _____