



Volunteer Application

NAME

Last

First

Middle Initial

ADDRESS

Number & Street

City

State

Zip Code

Phone #

Daytime

Evening

Cell

Email

Date of Birth

Age

Occupation

Marital Status

Previous Occupations:

Previous Volunteer Experience:

Have you ever been convicted of child abuse or any crime involving sexual molestation of a minor? Yes No

Explanation:

Have you ever been convicted of any other crime? Yes No

Hope Pregnancy Centers, Inc. does require a criminal background check on all volunteers.

Additional Information

1. Briefly state why you are interested in volunteering at HPC. _____

2. How does your spouse/family feel about your desire to volunteer? _____

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

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

4. What is a Christian? _____

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

Church Name _____

Denomination _____

Pastor's Name _____

Phone # _____

Positions in which you have served _____

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

7. What are your personal strengths? _____

8. What are possible areas of weakness? _____

9. What is the extent of your formal education? _____

Areas of concentration: _____

Please list any special training, Biblical studies, or educational experiences: _____

10. Have you ever counseled a woman who was considering abortion? Yes No

Explanation: _____

11. Have you had any traumatic experiences relation to abortion? Yes No

Explanation: _____

(If you prefer, you can choose not to answer this question here and instead discuss your response confidentially with the Center Director)

Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

Never an option

In cases of rape or incest

In cases of where the mother's life was in extreme peril

In cases of extreme psychological distress

Other (specify)

12. Are you currently or have you even been involved in seeking to adopt a child?

Yes No

Explanation: _____

13. Were you a victim of abuse or molestation as a child? Yes No

Explanation: _____

14. Is there any reason mentally, emotionally, or physically that would hinder you from fulfilling this volunteer position? Yes No

Explanation: _____

15. Have you ever known an unwed mother? Yes No

Explanation: _____

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

Please share your current knowledge about abortion:

1. How would you rate yourself in the following areas:

A. Knowledge of how abortions are performed/methods used to perform abortions.

excellent good fair poor

B. Knowledge of the existing laws regulating abortion

excellent good fair poor

C. Knowledge of what the Bible teaches (directly or indirectly) about abortion.

excellent good fair poor

2. Please list any books, films, or other materials that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion:

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 Hope Pregnancy Centers, Inc. to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Hope Pregnancy Centers, Inc. 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. If I become a volunteer at Hope Pregnancy Centers, Inc., 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 Hope Pregnancy Centers, Inc., 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.

I further certify that I have read and that I am in full agreement with Hope Pregnancy Center's Statement of Faith and Statement of Principle.

Signature of Applicant _____

Date ___/___/___

Thank you for filling out this application.

For Office Use Only

Date of Interview _____ *Date Began at Center* _____ *Date Left Center* _____

Notes: _____
