



Ottawa County Pregnancy Services Volunteer Application



Personal Information

Name: _____
Last _____ First _____ Middle Initial _____

Address: _____
Number & Street _____ City _____ State _____ Zip code _____

Phone #: _____ Last 4 digits of Social Security #: _____

Are you over 18 years old: Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Education

1. High School:

Number of years complete (circle one) 1 2 3 4 Diploma: Yes No GED: Yes No
School Name: _____

2. College and/or Vocational School:

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

School Name(s): _____

Degree(s) Earned: _____ (Date): _____

Describe other training or degrees: _____

Previous Volunteer Experience (list most recent first)

Organization: _____ Date of volunteer service _____ From: _____ To: _____

Address: _____

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

Organization: _____ Date of volunteer service _____ From: _____ To: _____

Address: _____

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

List any additional volunteer experience on a separate sheet.

Employment History (list current/most recent first)

Employer: _____ Date of employment From: _____ To: _____

Address: _____

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

Employer: _____ Date of employment From: _____ To: _____

Address: _____

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

List additional employment history on a separate sheet.

What areas of volunteering interests you?

<input type="checkbox"/> Assisting clients in boutique	<input type="checkbox"/> Board Membership
<input type="checkbox"/> Receptionist/Clerical	<input type="checkbox"/> Cleaning/ Housekeeping
<input type="checkbox"/> Peer Counseling	<input type="checkbox"/> Prayer Team
<input type="checkbox"/> Landscaping or Maintenance	<input type="checkbox"/> Abstinence Presentation
<input type="checkbox"/> Post Abortion Counseling	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Fundraising (Walk, Baby Bottles, Diaper Drive, ect.)	<input type="checkbox"/> Medical
<input type="checkbox"/> Laundry/ Stocking Boutique	

What is your degree of time & commitment?

Monday_____

Tuesday_____

Thursday_____

Other_____

Additional Information

What is your reason for seeking to volunteer here? _____

Are you currently or have you ever been involved in seeking to adopt a child? ___ Yes ___ No

If yes, please explain: _____

Do you consider yourself a Christian? ___ Yes ___ No

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

As a Christian, what is the basis of your salvation? _____

Please provide the following information concerning your local church.

Church Name: _____ Denomination: _____

Address: _____

Number & Street	City	State	Zip code
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Pastor's name: _____ Phone number: _____

Positions in which you've served/currently serving:

Ottawa County Pregnancy Service is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

Have you ever walked through a pregnancy decision with a woman or man who was considering abortion? Yes No

If yes, please share what counsel/encouragement you gave her/him:

Have you had or witnessed any traumatic experiences relating to abortion? Yes No

If yes, please explain how this shaped your perspective:

Has unplanned or nonmarital pregnancy impacted people you know? Yes No

If yes, please share what impact this has had on you:

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 (please explain): _____

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

Self-Assessment

How would you rate yourself in the following areas?

Knowledge of abortion methods: excellent good fair poor

Knowledge of current laws concerning abortion: excellent good fair poor

knowledge of what the bible teaches about abortion: excellent good fair poor

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

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

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

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: _____
Address: _____
Phone #: _____
Years Acquainted: _____ Email: _____
Relationship: _____

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

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

4. Name: _____
Address: _____
Phone #: _____
Years Acquainted: _____ Email: _____
Relationship: _____

Applicant Certification Agreement

I certify that the facts outlined 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 Ottawa County Pregnancy Services and any person or entity providing such reference information from any liability relating to the provision of such information or relating to any decisions made based upon such information. I permit 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 that I may provide for this ministry.

I further certify that I have read and that I am in full agreement with Ottawa County Pregnancy Service's Statement of Faith and Core Values.

Signature of Applicant: _____ Date: _____