



## 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: \_\_\_\_\_

Number & Street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_ Date of volunteer service From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street City State Zip code

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: \_\_\_\_\_

Number & Street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List additional employment history on a separate sheet.

## What areas if 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

Pastor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Positions in which you've served/currently serving:

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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.

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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:

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Have you had or witnessed any traumatic experiences relating to abortion? \_\_\_Yes \_\_\_No

If yes, please explain how this shaped your perspective:

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Has unplanned or nonmarital pregnancy impacted people you know? \_\_\_Yes \_\_\_No

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

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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.

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### 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?

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

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

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## 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: \_\_\_\_\_