



GATE PRC VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Cell Phone # _____ Other Phone # _____

Birth Date ____/____/____ Email Address: _____

If you are married what is your spouse name _____ Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

Education:

1. High School: Number of years completed (circle one) 1 2 3 4 Diploma: ___Yes ___No
G.E.D.: ___Yes ___No

School name _____

2. College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5 6 7

School(s) _____

Degrees earned _____ Dates _____

Describe other training or degrees _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employment History: List most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Additional Information:

1. What is your reason for seeking to volunteer here? _____

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

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

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

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

Church name _____ Denomination _____

Address _____

Pastor's name _____ Phone _____

Are you involved and attending this church at this time _____

5. This organization 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.

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

References:

Please list persons who **are not related** to you and who have known you for at least two years.

Name Email Phone # Years Relationship Years Acquainted

1. _____

2. _____

3. _____

Pastor Name Address Email Phone Years acquainted

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 the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center 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. I give permission to 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 which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

Signature of applicant _____

Date _____

For Office Use Only:

Interviewed by: _____ Date: _____

References Checked _____ Date: _____

References Checked _____ Date: _____

References Replied _____ Date: _____

References Replied _____ Date: _____

Decision _____ Start Date: _____