

Pregnancy Care Centers of Chandler and Gilbert Volunteer Application

Name _____
Last First Middle Initial

Address _____
Number & Street City State Zip Code

Phone _____ **Social Security #** _____ **DOB** _____

Email Address _____

Are you over 18 years old? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No

Have you ever been accused of, participated in, or been convicted of sexual misconduct? ___ Yes ___ No

If yes, explain: _____

Education

High School: Number of Years Completed (circle one) 1 2 3 4 Diploma: ___ Yes ___ No G.E.D. ___ Yes ___ No

School Name _____

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

School(s) _____

Degree 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 _____

Phone _____ Supervisor _____

Organization _____ Date of Volunteer Service: From _____ To _____

Address _____

Position/Duties _____

Phone _____ Supervisor _____

Employment History: List most recent employment first.

Employer _____ Date of Employment: From _____ To _____

Address _____

Position/Duties _____

Phone _____ Supervisor _____

Employer _____ Date of Employment: From _____ To _____

Address _____

Position/Duties _____

Phone _____ Supervisor _____

Additional Information

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

2. Do you consider yourself a Christian? ___Yes ___No
If so, 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 _____

Church leader who knows you well enough to provide a personal reference:

Name _____ Phone _____

Address _____

5. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at Pregnancy Care Center of Chandler.

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

7. Have you ever counseled a woman who was considering an abortion? ___Yes ___No
If yes, please explain: _____

8. Have you, personally, ever had an abortion? ___Yes ___No
If so, are you willing to attend a nine-week session of PACE (Post Abortion Counseling and Education) in order to become a volunteer counselor? ___ Yes ___No
9. Have you ever personally known an unwed mother? ___Yes ___No
If yes, please explain: _____

10. 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 when the mother's life is in extreme peril
___ In cases of fetal anomalies
___ In cases of extreme psychological distress
___ Other (specify) _____
11. Please list any books, films or other material that you have read or viewed that relate to abortion, pregnancy or alternatives: _____

12. How would you rate yourself in the following areas:
A. Knowledge of abortion methods _____excellent ___good ___fair ___poor
B. Knowledge of current laws concerning abortion _____excellent ___good ___fair ___poor
C. Knowledge of what the Bible teaches about abortion _____excellent ___good ___fair ___poor
13. Are you currently or have you ever been involved in seeking to adopt a child? ___Yes ___No
If yes, please explain: _____

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14. What do you like best about yourself? _____

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

16. Are there any particular personality types with whom you have difficulty working? ___Yes ___No
If yes, please explain: _____

17. How did you hear about Pregnancy Care Centers of Chandler and Gilbert?

18. What volunteer position(s) are you interested in pursuing?

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 Pregnancy Care Centers of Chandler and Gilbert to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Pregnancy Care Centers of Chandler and Gilbert 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 Pregnancy Care Centers of Chandler and Gilbert, 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 Pregnancy Care Centers of Chandler and Gilbert, 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 Care Centers of Chandler and Gilbert's Statement of Faith and Statement of Principle.

Signature of Applicant _____ **Date** _____

Mail completed application to: Pregnancy Care Center of Chandler • 590 N Alma School Rd, Suite 20 •
Chandler, AZ 85224

OR Fax completed application to 480-374-2980