



## The Pregnancy Care Center Volunteer Application

### Personal Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle initial) (Maiden name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you over 18 years old? \_\_\_ Yes \_\_\_ No

Emergency contact name and phone:

\_\_\_\_\_

### Education:

Do you have education or training experience that might be helpful with volunteering at The Pregnancy Care Center?

\_\_\_\_\_

\_\_\_\_\_

### Employment:

Are you currently employed? \_\_\_ Yes \_\_\_ No

If so, where? \_\_\_\_\_

Current position: \_\_\_\_\_

Is this position full or part time? \_\_\_\_\_ Do you have any other work experience that might have prepared you to volunteer in a specific area at The Pregnancy Care Center?

\_\_\_\_\_

\_\_\_\_\_

**Availability:**

Please list the days of the week (Monday-Friday) you are available to volunteer, as well as time of day(morning/afternoon/evening). If your availability is limited to specific hours, please list those.

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**Volunteer Experience:** (List most recent volunteer experience first)

**Organization:** \_\_\_\_\_ Length of service \_\_\_\_\_

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

**Organization:** \_\_\_\_\_ Length of service \_\_\_\_\_

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

**Additional Information:**

1. What draws you to volunteer at The Pregnancy Care Center? \_\_\_\_\_

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2. Do you consider yourself a follower of Jesus Christ? \_\_\_ Yes \_\_\_ No

How long have you been a Christ-follower and how does your faith impact your life?

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3. Please provide the following information concerning your home church:

Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Positions in which you have served: \_\_\_\_\_

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4. How would your faith affect your volunteer work at The Pregnancy Care Center?

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5. What special skills, talents and gifts would you bring to this ministry? \_\_\_\_\_  
\_\_\_\_\_

6. How would you rate your proficiency and skills with the computer? (Circle one)

Highly Proficient   Advanced Skills   Proficient   Basic Skills

Hardly Proficient   Needs Training - No Skills   Would prefer not to work with the computer

7. Are you bilingual? \_\_\_ Yes \_\_\_ No   If so, what languages do you speak? \_\_\_\_\_  
\_\_\_\_\_

8. Have you had any personal experiences relating to abortion? \_\_\_ Yes \_\_\_ No (If so, please explain) \_\_\_\_\_  
\_\_\_\_\_

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9. Under what circumstances, if any, is abortion justifiable? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you currently, or have you ever been, involved in seeking to adopt a child?  
\_\_\_ Yes \_\_\_ No (If yes, please explain)  
\_\_\_\_\_

**References:** Please list persons who are not related to you and who have known you for at least two years. **One of the 3 references must be a spiritual leader (pastor, priest, small group leader, ministry leader, etc).** Please completely fill out this section. The Pregnancy Care Center will be reaching out to each of these individuals.

**Spiritual leader:**

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Email address: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Email address: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Email address: \_\_\_\_\_

**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 Care Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release The Pregnancy Care 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 Pregnancy Care 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 Care 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 Care 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Once we receive your application and references, a phone interview will follow. What day of the week and time would be easiest to reach you? \_\_\_\_\_

Thank you for your interest in serving at The Pregnancy Care Center and for completing this application. Your personal information will be kept in strictest confidence.

**The Pregnancy Care Center of Rockford**  
4108 Morsay Drive  
Rockford, IL 61107  
815.997.1200

**Center hours:**  
Monday 9:00 am – 5:00 pm  
Tuesday 9:00 am – 8:00 pm  
Wednesday 9:00 am – 3:00 pm  
Thursday 9:00 am – 8:00 pm  
Friday 9:00 am – 1:00 pm