



3280-A Henderson Dr. Jacksonville NC 28546

VOLUNTEER APPLICATION

Please thoroughly answer each question. All information is confidential and for internal use only.

Name _____ Date _____

Address _____
Number & street City State Zip code

Phone # _____ E-mail address _____

Birthdate _____ (must be 18 for client interaction)

Educational background _____

Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

Marital Status _____ Spouse's name (if applicable) _____

Number of children _____ Age(s) _____

Emergency Contact

Name _____ Phone # _____

Additional Information:

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

2. Have you had any experiences relating to abortion? ___ Yes ___ No

(If yes, please explain) _____

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

Church name _____ Denomination _____

Address _____

Pastor's name _____ Phone _____

Positions in which you have served (if any) _____

References:

Please list persons who are not related to you and who have known you for **at least two years**, including your pastor. Please provide each contact with a written reference request form.

Name	Address	Phone #	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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.

Signature of applicant _____

Date _____

Please check the opportunities you are most interested in:

Administrative

- Mailings
- Data Entry
- Miscellaneous Clerical
- Grant Writing

Material Aid

- Organize donated items for Baby Boutique
- Wash and Iron donated items

Development and Special Events

- Special Events Committee
- Walk for Life/5K
- Banquet
- Assist at special events
- Change for Life
- Church Liaison

Maintenance

- Cleaning
- Painting
- General Repair
- Deliveries

Client Related

- Client Advocate
- Medical Volunteer

Interested in:
____ Ultrasounds ____ Pregnancy Tests ____ Data Entry ____ Patient Health Assessment

- SRA (Sexual Risk Avoidance) Program taught in schools in community
- Forgiven and Set Free Facilitator (Post Abortion Recovery)
- Fatherhood Program Facilitators (male on male sessions)
- Volunteer hours

Prayer Team

(From home anytime or at OPRC Mondays at 9a)

- Pray for staff, volunteers, clients and OPRC