



CONFIDENTIAL VOLUNTEER APPLICATION

Some of the questions on this application are extremely personal and will, therefore, be held in strictest confidence. These applications will be filed in a locked cabinet and may be reviewed only by the Center Director or the person in charge of training/interviewing volunteers. If you are uncomfortable answering any items, please leave blank and discuss them during your personal interview.

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ ZIP: _____

Phone (Home): _____ (Work) _____ (Cell) _____

E-mail address: _____

Do you attend a church? _____ If Yes, Where? _____

Other Languages spoken: _____

Occupation: _____ Company: _____

Other weekly activities: _____

What days and time are you able to volunteer?

☐ Mon. am/pm ☐ Tue. am/pm ☐ Wed. am/pm ☐ Thur. am/pm/evening ☐ Fri. am/pm

Previous or current volunteer experiences (include previous counseling experience):

Extent of your formal education? _____ Area of concentration? _____

Briefly state why you are interested in volunteering: _____

Do you know any of our current volunteers? ☐ Yes ☐ No If yes, who? _____

Please list two references (preferably from church or other volunteer activities):

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Please check all of the opportunities you are most interested in getting involved?

Client Services

- ☐ Client Advocate
- ☐ Registered Nurse

Computer Experience

- ☐ MS Excel
- ☐ MS PowerPoint
- ☐ MS Publisher
- ☐ MS Word
- ☐ QuickBooks
- ☐ Salesforce/Database
- ☐ Other: _____

Administrative

- ☐ Accounting/Bookkeeping
- ☐ Advertising/Marketing
- ☐ Clerical
- ☐ Data Entry
- ☐ Fundraising
- ☐ Mailings
- ☐ Newsletter
- ☐ Public Relations
- ☐ Receptionist
- ☐ Speaker's Bureau
- ☐ Other: _____

Material Aid

- ☐ Organize donated material aid items

Maintenance/Miscellaneous

- ☐ General repair
- ☐ Painting
- ☐ Pick Up / Deliver Items

Under what circumstances would you consider abortion as an alternative?

- | | |
|---|---|
| <input type="checkbox"/> Never an option | <input type="checkbox"/> Rape or incest |
| <input type="checkbox"/> To save the life of the mother | <input type="checkbox"/> Extreme psychological stress |
| <input type="checkbox"/> Financial hardship | <input type="checkbox"/> Birth defects |
| <input type="checkbox"/> Hostile partner | <input type="checkbox"/> Other: _____ |

Have you ever known a woman who was considering having an abortion? ☐ Yes ☐ No

Describe what happened: _____

Please make a general evaluation of your personal knowledge in the following areas:

Knowledge of abortion methods:	<input type="checkbox"/> excellent	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Knowledge of abortion issues:	<input type="checkbox"/> excellent	<input type="checkbox"/> fair	<input type="checkbox"/> poor

What books, videos, films, materials and/or presentations have you seen/heard relating to the abortion issue?

Have you ever been involved in any form of activism (e.g. Operation Rescue, picketing, lobbying) for the pro-life movement? ☐ Yes ☐ No If yes, describe: _____

Applicants to sensitive job positions will be subject to a criminal background check. Sensitive positions include working directly with clients and/or minors and handling of money. The offer for any personnel action (employment, transfer, or promotion) is conditional upon successful completion of a criminal background check.

Please return to: **Pregnancy Help Center, 1311 Crenshaw Blvd., Suite A, Torrance, CA 90501**