



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 If yes, who? _____

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

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?

- Never an option
- To save the life of the mother
- Financial hardship
- Hostile partner
- Rape or incest
- Extreme psychological stress
- Birth defects
- 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: excellent fair poor
 Knowledge of abortion issues: excellent fair 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**