



PREGNANCY HELP CENTER

VOLUNTEER APPLICATION

We understand that some of the questions on this application are extremely personal and will, therefore, be held in the strictest confidence and may be reviewed only by a designated staff member in charge of training/interviewing volunteers. If you are uncomfortable answering any items, please leave it blank and discuss them during your personal interview.

Today's Date: _____

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

E-mail address: _____

How did you hear about the center? _____

Do you attend a church? No Yes **If Yes, Where?** _____

Other Languages spoken: _____

Occupation: _____ **Company:** _____

Other weekly activities: _____

What days and time are you able to volunteer? (Please check box & circle am or pm availability):

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday*
AM or PM	AM or PM	AM or PM	AM or PM	AM or PM	12PM-2PM

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: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

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

Briefly describe what happened: _____



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Please check all the opportunities you are most interested in getting involved & rank your level of expertise next to designated skills with the following letters **B** = Beginner **I** = Intermediate **P** = Proficient

Client Services

Client Advocate
 Registered Nurse
 Clinic Receptionist _____

Computer Experience

MS Excel _____
 MS PowerPoint _____
 MS Publisher _____
 MS Word _____
 QuickBooks _____
 Other: _____

Maintenance

General repair _____
 Painting _____

Administrative

Accounting/Bookkeeping _____
 Clerical _____
 Data Entry _____
 Typing _____
 Fundraising Event Support _____
 Photography, Videography, drone _____
 Mailings _____
 Newsletter _____
 Public Relations _____
 Speaker's Bureau _____
 Other: _____

Database/Programs

Salesforce _____
 FundEasy _____
 Medi-Cal _____
 Ekyros _____

Advertising/Marketing

MailChimp _____
 Canva _____
 InDesign _____
 Social Media _____

Miscellaneous

Organize material aid items
 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: _____

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?

Applicants for sensitive volunteer positions will be subject to a criminal background check. Sensitive positions include dealing directly with clients and/or minors, handling of money, or handling client information. Any sensitive volunteer position is conditional upon successful completion of criminal background checks.

Please return (if dropping off please call ahead of time):

Email or return to depending on interest:

- **For Clinic** interest email dbryant@phctorrance.org
Clinic Location: 19000 Hawthorne Blvd., Suite 200, Torrance, CA 90503, (310)320-8976
- **For Administration** interest email jeannesoto@phctorrance.org:
Admin Location 1311 Crenshaw Blvd., Suite L, Torrance, CA 90501, (424)263-4855

If your school/youth group, ministry, or organization are interested in volunteering contact Debi Bryant at dbryant@phctorrance.org