



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: _____



PREGNANCY HELP CENTER

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?

- | | |
|---|---|
| <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: _____ |

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? _____

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