



## Volunteer Application

Name: \_\_\_\_\_  
Last First Middle Initial Date

Address: \_\_\_\_\_  
Number & street City State Zip code

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years old: \_\_\_\_ Yes \_\_\_\_ No

### Education

#### 1. High School:

Number of years complete (circle one) 1 2 3 4 Diploma: \_\_\_\_ Yes \_\_\_\_ No GED: \_\_\_\_ Yes \_\_\_\_ No

School Name: \_\_\_\_\_

#### 2. College and/or Vocational School:

Number of years completed (circle one) 1 2 3 4 5 6 7+

School Name(s): \_\_\_\_\_

\_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_ (Date): \_\_\_\_\_

\_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Previous Volunteer Experience (list most recent first)

Organization: \_\_\_\_\_ Date of volunteer service From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_  
\_\_\_\_\_

Organization: \_\_\_\_\_ Date of volunteer service From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_  
\_\_\_\_\_

List any additional volunteer experience on a separate sheet.

**Employment History** (list current/most recent first)

Employer: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List additional employment history on a separate sheet.

**Additional Information**

What is your reason for seeking to volunteer here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your feelings about adoption and are you currently or have you ever been involved in seeking to adopt a child?

\_\_\_\_Yes \_\_\_\_No Please explain:\_\_\_\_\_

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Do you consider yourself a Christian? \_\_\_\_Yes \_\_\_\_No If yes, how long have you been a Christian? \_\_\_\_\_

As a Christian, who is Jesus to you?

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Please write a brief summary telling how you became a Christian (use a separate sheet of paper if needed).

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Lex Specialty Clinic is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

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What are your feelings about abortion?

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Have you walked through a pregnancy decision with a woman or man who was considering abortion? \_\_\_\_Yes \_\_\_\_No

Please share what counsel/encouragement you gave her or him:

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Have you had or witnessed any traumatic experiences relating to abortion? \_\_\_\_Yes \_\_\_\_No

If yes, please explain how this shaped your perspective:

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Has an unplanned or nonmarital pregnancy impacted people you know? \_\_\_\_Yes \_\_\_\_No

If yes, please share what impact this has had on you:

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Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

☐ Never an option

☐ In cases of rape or incest

☐ In cases where the mother's life was in extreme peril

☐ In cases of extreme psychological distress

☐ Other (please explain): \_\_\_\_\_

Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

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What are your feelings and knowledge about contraception?

### Self-Assessment

How would you rate yourself in the following areas?

- |  |  |
|--|--|
| a. Knowledge of abortion methods:                      | <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| b. Knowledge of current laws concerning abortion:      | <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| c. knowledge of what the bible teaches about abortion: | <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |

Rate yourself:

- |   |  |
|---|--|
| a. Ability to use a computer:                 | <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| b. Ability to use a web-based online program: | <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| c. Ability to use Microsoft products:         | <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| d. Willingness to learn technology:           | <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |

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

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What do you consider to be your possible areas of weakness?

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Are there any personality types with whom you have difficulty working and why?

## References

Please list persons who are not related to you and who have known you for at least two years, including your pastor.

### Pastor

1. Name: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Denomination: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Years Acquainted: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Years Acquainted: \_\_\_\_\_  
Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Years Acquainted: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## 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 Lex Specialty Clinic 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 Resource Center of Cambridge/Lex Specialty Clinic's Statement of Faith and Core Values.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

