

Date of Interview _____
Training start date _____

CROSSROADS PREGNANCY CENTER CONFIDENTIAL APPLICATION FOR VOLUNTEERS

Name _____ Position _____
Address _____ City _____ State _____ Zip _____
Home phone (____) _____ Cell/Work phone (____) _____ Email address _____
Birth date (year optional) _____
Emergency contact name _____ Phone number (____) _____
Physician name _____ Phone number (____) _____
Occupation _____ (current) _____ (previous) _____
Volunteer experience _____
How did you become interested in this volunteer position? _____
Education _____ Special Training _____
Hobbies, skills, interests _____
What particular skills do you bring to the position you are applying for? _____

Personal References, please **exclude** relatives

1. Name _____ Phone (____) _____
Address _____ City _____ Zip _____

2. Name _____ Phone (____) _____
Address _____ City _____ Zip _____

Church currently attending _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

May we contact your pastor? (Teens -- youth pastor, school counselor or teacher) Yes No
Name _____ Phone (____) _____

Are you a Christian? Yes No What does it mean to be a Christian? _____

How does your family feel about your involvement? _____

INTEREST/SKILLS: (Indicate those that are appropriate with a check mark)

Administrative skills: office communications fundraising librarian other
Clerical skills: typing filing phone receptionist computer mailings
 librarian copying/assembling bookkeeping statistics other _____

Communication skills: ___public speaking ___journalism ___newsletter ___research ___acting ___artistic
___fundraising ___trainer ___telephone solicitation ___publishing ___other

Client Services: ___peer counseling ___mentor ___medical ___childbirth instructor ___childbirth coach ___group facilitator
___instructor ___childcare provider ___transportation ___furniture distribution ___housing ___other

Personal skills: ___sewing ___maintenance ___cleaning ___baking ___musical ___laundry (maternity & baby clothing)
___organizing (closets, literature) ___other

List your personal strengths _____

List your personal weaknesses _____

Have you had any personal experience with adoption or abortion? Yes No Explain _____

Have you ever been convicted of a felony? _____ Have you ever been accused of sexual misconduct? _____

Preferred hours (morning, afternoon, evening) _____

Preferred days (Circle) Monday Tuesday Wednesday Thursday Friday Saturday

The above information is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Your signature indicates your approval for us to check references. The organization is not obligated to provide a placement. Nor is the applicant obligated to accept a position with the organization.

APPLICANTS FOR CLIENT CONTACT POSITIONS, PLEASE CONTINUE

Rate your personal knowledge in the following areas on a scale from 1-10 (10 is highest)

Abortion ___ Fetal Development ___ Adoption ___ Parenting ___

How would you counsel a sexually active single? _____

Under what circumstances would you consider premarital sexual activity acceptable? When a couple is in love ___
When the couple is engaged ___ When one of the parties has previously been married ___ When both parties are over 21 years ___
Never ___ Other ___

How would you counsel an individual considering an abortion? _____

Under what circumstances would you consider abortion an alternative for a woman faced with a crisis pregnancy?
Never an option ___ In cases of rape or incest ___ In cases of severe psychological stress ___ When the life of the mother is in
danger ___ Other ___

How would you counsel an individual spiritually? _____

Write your personal testimony _____

When will you attend the training series? _____