

Volunteer Application

Mission Statement			
Our purpose is to prevent abortion by offering women the information, emotional support, spiritual encouragement, and practical help that will empower them to choose life for their child and sexual integrity for themselves.			
General			
Name		Date	
Address			
City/State/Zip			
Home Phone		Cell Phone	
Work Phone		E-mail	
Check One	<input type="checkbox"/> I check my e-mail often <input type="checkbox"/> I do NOT check my e-mail often		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Spouse's Name			
How does your spouse feel about you volunteering at PRMC?			
Names/Ages of Children			
Occupation	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired		
We ask for a one year commitment of service, are you comfortable with this commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have extenuating circumstances that may prevent you from volunteering for a year or more, what are they?			
Volunteer / Professional / Life Experience			
Previous volunteer service:			
How many hours per week or month can you realistically and reliably volunteer right now:			
Professional, volunteer or special skills you can offer (computer skills, second language, etc):			
Have you ever attended a crisis pregnancy center volunteer training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and at what center?			
Previous life experiences that could help you contribute to PRMC:			

Christian Faith and Practices

Church you attend

I attend

Weekly Monthly Occasionally Never

Do you understand and agree with PRMC's Statement of Faith, Commitment of Care and Volunteer Ethics Agreement? Yes No Not sure

Please reference any portions you do not agree with:

Why do you want to join the ministry of PRMC?

The PRMC is a Christian ministry; we look to God for guidance and strength. He is the power which enables us and works through us to serve our clients. Please briefly describe your relationship with God:

How do you look for His guidance in your life?

(i.e. attending church, Bible study, Sunday school class, prayer group or regular personal quiet/prayer time)

Adoption

Do you have any experiences with legal adoption? Yes No

Please comment on those experiences:

What are your impressions of adoption?

Sexual Integrity

Are you now living a lifestyle of sexual integrity, abstinence if single or faithful within marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
How do you feel about sexual activity outside the commitment of marriage?
We do not encourage or condone sexual activity outside marriage and we do not refer for birth control. What are your thoughts and feelings on this policy?
Abortion
Have you ever counseled a woman considering abortion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please comment on that experience:
Have you ever counseled a woman who was post-abortive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please comment on that experience:
Under what circumstances do you consider abortion acceptable (i.e. - rape, incest, etc.)?
What are your thoughts and feelings concerning someone who is considering abortion?
How do you feel about someone who has had an abortion?

References

Please provide three personal references (persons whom you are not related to). One of these should be your pastor or a small group leader with whom you are regularly involved.

Name	Address	Phone	Email	Relationship/length

Availability

Please see the Volunteer Opportunities and mark the boxes that apply

Client Contact		Non-Client Contact	
<input type="checkbox"/>	CLIENT ADVOCACY PROGRAM	<input type="checkbox"/>	PRMC Church Liaison
<input type="checkbox"/>	Learn Earn And Plan (LEAP) Mommy Store	<input type="checkbox"/>	Cleaning Crew
<input type="checkbox"/>	LEAP Teacher	<input type="checkbox"/>	Handyman
<input type="checkbox"/>	Diaper Diva	<input type="checkbox"/>	Fund Raising Committee
<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Public Relations Representative
<input type="checkbox"/>	Clerical Help	<input type="checkbox"/>	Board Member

Please select your availability (check all that apply)

- Monday 9am-1pm Monday 1pm-5pm
- Tuesday 9am-1pm Tuesday 1pm-5pm Tuesday 5pm – 7pm
- Wednesday 9am-1pm Wednesday 1pm-5pm
- Thursday 9am-1pm Thursday 1pm-5pm Thursday 5pm-7pm
- Friday 9am-1pm
- 2nd Saturday 10am – 1pm