

Pregnancy Resources of Delaware County

Volunteer Application

Name		Date ____/____/____
Street Address		
City	State	Zip
Best Contact Number		(W) (C) (H)
Alternate Contact Number		(W) (C) (H)
Email Address		
Birth Date ____/____/____		Spouse:
Children's Names and Ages _____ _____		
Home Church		City
Pastor from your church that we may contact for a reference		
Name		Phone
Second Reference		Phone
How did you hear about Pregnancy Resources? <input type="checkbox"/> Church <input type="checkbox"/> Work <input type="checkbox"/> Internet <input type="checkbox"/> Phone Book <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		
Background Check: Pregnancy Resources requires those trained as Client Consultants to submit to a background check. Are you willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide the following information for this purpose only: Driver's License Number and State: _____ Social Security Number: _____ - _____ - _____		

In which areas do you have an interest in volunteering?

- Client Consultant Office Support Prayer Team Church Liaison
 Banquet Team Banquet Table Host Material Aid Assistance
 Fundraising

Do have any previous pregnancy center consultant experience? Yes No

If yes, please describe _____

Please list any skills or interests you'd like us to know about _____

Why do you want to serve in this type of ministry? _____

Are there any circumstances under which you would consider abortion to be an option? Yes

No_____ If yes, please describe _____

What is your availability? Please be specific _____

Is there anything else you would like us to know in considering your application?

By submitting this application I give my permission to Pregnancy Resources of Delaware County to contact any person(s) whose names I have given as references.

Signature

____/____/____
Date

March 2017

For Office Use

Books: yes no

Background Check: yes no

Scheduled Training ____/____/____

Completed Training ____/____/____