

Volunteer Application

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP CODE: _____
EMAIL: _____
MAIDEN AND/OR NICKNAMES: _____

Birth Date: _____
Social Security Number (necessary for background checks)
_____-_____-_____

Emergency contact; relationship of the contact

Address: _____
Phone # _____ CELL: _____
Previous work or volunteer experience: _____

Highest education level reached: _____
Language/s spoken: _____
Physical limitations: _____

Current Employer: _____
Supervisor: _____

Other organizations where you have volunteered:

Description of training or experience that may be pertinent to
the volunteer position desired.

Statement of and description of prior criminal convictions or offenses: Include year of
occurrence and County of occurrence:

Certifications such as First Aid and CPR with dates of certification and expiration dates:

Valid driver's license #: _____

References: One or more personal references with contact information; and one or more professional or work-related references with supervisor's name and contact information:

- 1) _____

- 2) _____

- 3) _____

- 4) _____

Reason volunteering:

How did you hear about us?

Hours and days available for [volunteer work](#):

Hope Pregnancy Care Center:

is an outreach ministry of Jesus Christ through His Church. Therefore, Hope Pregnancy Care Center, embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies-both word and deed. Commensurate with this purpose, those who labor as Hope Pregnancy Care Center board members, directors, and volunteers are expected to know Christ as their personal Savior and Lord

HPCC is committed to providing its clients with accurate and complete information about prenatal development and abortion

HPCC is committed to integrity in dealing with clients, earning their trust, providing promised information and services and avoiding any form of deception in its corporate advertising or individual conversations.

HPCC is committed to assisting women to carry their babies to term by providing emotional

support and practical assistance

HPCC does not discriminate in providing services because of the race, creed, color, national origin, age or marital status of its clients

HPCC does not recommend, provide or refer for abortion or abortifacients

HPCC offers assistance free of charge at all times

HPCC is committed to creating an awareness within the local community of the needs of pregnant women and the fact that abortion only compounds human need rather than solving it

HPCC does not recommend, provide, or refer single women for contraceptives. Unmarried women are counseled appropriately concerning abstinence. (Married women seeking contraceptive information are urged to seek counsel, along with their husbands, from their pastor and physician).

HPCC recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to other life-saving alternatives. Hope Pregnancy Care Center is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. Hope Pregnancy Care Center receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of this center. Hope Pregnancy Care Center neither initiates or facilitates independent adoptions, though they may refer for independent adoption in states where it is legal

Thank you for completing this application form and for your interest in volunteering with us.

By my signature below I am affirming that all statements on this application are true. I also am giving my permission for Hope Pregnancy Care Center to perform a criminal background check and to contact former employers and people I have listed as references.

Signature: _____

Date: _____