

Salem Pregnancy Care Center  
 1342 Westgate Center Dr.  
 Winston-Salem, NC 27103  
 Phone: (336) 760-3680 ~ Fax: (336) 760-3674

### CONFIDENTIAL VOLUNTEER APPLICATION

#### PERSONAL INFORMATION

Name:	Date of Birth:	Today's Date:
Address:	City/State/Zip:	
Phone: (Home)	(Cell)	(Work)
E-mail Address:	Marital Status:	
Occupation & Employer:	Previous Occupation & Employer:	
Husband's Name:	Children('s) Names:	

#### CHRISTIAN WALK

1. Are you a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long have you been a Christian?
2. Please explain what it means to be a Christian:	
3. Briefly give your testimony (if needed, use additional sheet of paper):	
4. Does your current lifestyle reflect Biblical principles? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Whether your answer is yes or no, please explain below.) Please explain:	
5. What church do you attend?	
6. How long have you been involved at this church?	
7. Pastor's Name:	
8. Church Address (street, city, zip):	
9. Describe positions held/services performed within the church:	
10. Previous church and address (if less than 2 years in current church):	
11. Are you currently in a group Bible study? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do you have a consistent devotional/prayer time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. If you are not currently attending or involved in a church, please explain why:	

**TRAINING/GIFTS**

1. How do you know that God is leading you to this ministry?

2. What is the extent of your formal education?

3. What are your strengths?

4. What areas need improvement or growth?

**GENERAL INFORMATION**

1. How did you hear about Salem Pregnancy Care Center?

2. I am interested in volunteering in the following areas:

- Volunteer Advocating (mentoring pregnancy test clients)
- Fundraising Events (seasonal)
- Sorting Clothing
- Running pregnancy tests (must be a nurse)
- Administrative Support
- Cleaning the Center
- Other (please explain):

3. How does your spouse/family feel about your involvement with Salem Pregnancy Care Center?

4. Have you ever counseled a woman who was considering an abortion?  Yes  No  
If yes, please explain:

5. What is your personal opinion on abortion?

6. Have you personally experienced an abortion?  Yes  No  
If yes, explain and include any counseling you have received:

7. How do you feel about a single woman parenting her baby?

8. How do you feel about a woman placing her baby for adoption?
9. Are you currently seeking to adopt a child? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. When do you feel that sexual intercourse is morally acceptable?
11. How do you feel about sexually active teenagers and single adults using birth control?
12. Do you have a criminal record (or other minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and details:

**REFERENCES**

**Spiritual Reference:**

*\*A spiritual reference is a Christian leader, pastor, or mentor who has known you for at least 1 year.\**

Name:
Address: (City/State/Zip)
Phone:
E-mail:
Relationship:

**Other References:**

*\*Please do NOT include family members.\**

Name:
Address: (City/State/Zip)
Phone:
E-mail:
Relationship:
Name:
Address: (City/State/Zip)
Phone:
E-mail:
Relationship:

\*Note: Please make sure to contact your references before submitting your volunteer application. The Client Services Assistant will be contacting your references within two weeks of submitting your application.

If you have any questions or concerns regarding your answers for this application, please do not feel discouraged. We encourage you to contact the Client Services Assistant to discuss any concerns. We are all a work in progress!