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:<br>(Home) | (Cell) | (Work) |
| E-mail Address: | Marital Status: | |
| Occupation &<br>Employer: | Previous Occupation &<br>Employer: | |
| Husband's Name: | Children('s) Names: | |

## CHRISTIAN WALK

| | |
|---|---|
| 1. Are you a Christian? □ Yes □ 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? □ Yes □ No (Whether your answer is yes or no, please explain below.)<br>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? □ Yes □ No | |

12. Do you have a consistent devotional/prayer time? □ Yes □ 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:
   - Client Advocate (mentoring pregnancy test clients)
   - Sorting Clothes
   - HOPE class speaker (various topics) Mondays 6-7:30pm (occasionally)
   - Parenting Class Speaker Thursdays 6-7:30 (Quarterly)
   - Running Pregnancy Tests (must be a nurse)
   - Fundraising/Community Events (Baby Bottle Campaign help, Community Baby Showers, organizing community events)
   - Administrative Support
   - Assist Community Shoppers
   - Middle School Medical Presentations for Abstinence Program during school year (must be medical professional)
   - Meals for Moms (taking meals to moms in HOPE program after baby is born)
   - Professional Services (photography, accounting, legal, etc.)
   - Pastoral/Church Liaison
   - Cleaning the center
   - Other (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? □ Yes □ 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)? □ Yes □ No
If yes, please provide dates and details:

| REFERENCES |
| --- |
| **Spiritual Reference:**<br>**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:**<br>**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 of 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. She can be reached by calling the center at 336.760.3680 or at csd@salempregnancy.org. We are all a work in progress!