



VOLUNTEER APPLICATION

For Office Use Only:	
Date Received:	_____
<input type="checkbox"/>	Mailing List
<input type="checkbox"/>	Outlook
<input type="checkbox"/>	BD on Calendar
<input type="checkbox"/>	SLED Check

NAME: _____ EMAIL: _____
 (Last) (First) (Middle)

ADDRESS: _____
 (Street) (City) (State) (Zip)

PHONE: (Day) _____ (Evenings) _____ (Cell) _____

SOCIAL SECURITY NO.* _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

CURRENT OCCUPATION/EMPLOYER: _____

PREVIOUS OCCUPATIONS (If any): _____

COMMITMENT YOU ARE WILLING TO MAKE: (Circle one): 3-4 hrs/week 6 hrs/week Other: _____

DAY(S) AND TIMES OF THE WEEK AVAILABLE: _____

VOLUNTEER AREA(S) IN WHICH YOU ARE INTERESTED (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Counsel clients | <input type="checkbox"/> Educate/teach clients | <input type="checkbox"/> Church liaison for your church |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Prayer ministry | <input type="checkbox"/> Office work and data entry |
| <input type="checkbox"/> Fundraising events | <input type="checkbox"/> Help with mailings | <input type="checkbox"/> Campus connection with at-risk youth |

PLEASE TELL US ABOUT YOURSELF:

1. Do you consider yourself a Christian? Yes No If yes, how long have you been a Christian? _____
 What is a Christian? _____

2. Please provide the following information about your church:
 Church Name: _____ Denomination: _____
 Address: _____
 Pastor's Name: _____ Phone: _____
 How long have you attended this church? _____ Positions in which you have served: _____

3. Sumter Pregnancy Center is a Christian pro-life agency. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in our community. Please write a brief statement about how your faith would affect your volunteer work: _____

4. What special skills, talents, gifts, or personality traits would you bring to this ministry? _____

5. What is the extent of your formal education: _____ Area of concentration: _____
 List special training, Biblical studies, or educational experiences: _____

6. What previous volunteer experience do you have (i.e. list your most recent volunteer experience):
Organization: _____ Dates of volunteer service: From _____ to _____
Position/responsibilities: _____
Name of supervisor: _____ Phone: _____
7. Do you use a computer? Yes: ___ Daily ___ Several days each week ___ No If yes, please describe how you use your computer (i.e. for email, etc.) and all software applications you have experience with: _____

8. Briefly state why you are interested in volunteering for Sumter Pregnancy Center: _____

9. How does your spouse and/or family feel about this involvement: _____

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

11. Are you post-abortive and/or have you had any traumatic experiences relating to abortion? ___ Yes ___ No
If yes, please explain: _____ (If you prefer, you may choose not to answer this question here and request to discuss your response in confidence with the Executive Director: ___ Yes, I would prefer to discuss this in confidence with the Executive Director)
12. Have you ever been convicted of child abuse or of any crime involving sexual molestation of a minor? ___ Yes ___ No If yes, please explain: _____
13. Were you a victim of abuse or molestation as a child? ___ Yes ___ No (If you prefer, you can choose not to answer this question here and instead discuss your response with the Executive Director.)
14. Have you ever known a single woman who was pregnant? ___ Yes ___ No If yes, please explain your relationship: _____
15. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?
_____ Never an option
_____ In cases of rape or incest
_____ In cases where the mother's life was in extreme peril
_____ In cases of extreme psychological stress
_____ Other (Please specify): _____
16. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion: _____

17. How would you rate yourself in the following areas:
➤ Knowledge of abortion methods ___ Excellent ___ Good ___ Fair ___ Poor
➤ Knowledge of current laws concerning abortion ___ Excellent ___ Good ___ Fair ___ Poor
➤ Knowledge of what the Bible teaches about abortion ___ Excellent ___ Good ___ Fair ___ Poor
18. What do you consider to be your greatest area of weakness, and what steps are you taking to overcome it?

19. As a ministry based on Biblical principles, we believe that sexual intimacy is reserved for marriage. We further believe that abstinence is God's plan for unmarried men and women. Counseling provided by Sumter Pregnancy

Center is exclusively abstinence-based. Would counseling an unmarried woman to choose abstinence be consistent with your current lifestyle? ____ Yes ____ No If no, please explain: _____

REFERENCES

Please provide two references who are not related to you, whom you have known for at least two years, and a third reference from your current pastor or church leader:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>	<u>Relationship</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please share any other pertinent information about yourself which you believe to be relevant : _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the information provided in this volunteer application is true and complete to the best of my knowledge. I authorize Sumter Pregnancy Center to verify any information related to this application, and to contact references concerning my character and capabilities. I release Sumter Pregnancy Center and any person or entity providing reference information from any and all liability relating to the provision of such information, and/or relating to any decisions made based upon such information. I give permission to Sumter Pregnancy Center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. I agree to execute any releases necessary to permit Sumter Pregnancy Center to secure medical, judicial and law enforcement records pertinent to matters addressed in this application. I authorize all individuals, previous employers, and law enforcement officials to release any information relevant to my background. If I become a volunteer at the Sumter Pregnancy Center, I agree to fully adhere to its policies, including those regarding client confidentiality, and further agree to sign a non-disclosure agreement regarding any and all information to which I may become aware with regard to Sumter Pregnancy Center clients.

I further certify that I have read and am in full agreement with the Sumter Pregnancy Center Pro-Life Statement of Practice and Statement of Faith.

Signature of Applicant: _____ Date: _____

** NOTE: Due to the nature of the counseling we provide, criminal background checks are required. Social security numbers and date of birth are required for this purpose. These details will be deleted from our files following completion of background checks.*

**Please direct all questions and return completed application and any other relevant documentation to:
Sumter Pregnancy Center ♦ P.O. Box 1445 ♦ Sumter, SC 29151
Phone: 803-773-8858 ♦ Fax: 803-773-2222 ♦ email: office@sumerpregnancycenter.com**

For Office Use Only: Date of Interview _____ Director Approval: _____
Date Began _____ Date Left _____ Volunteer Role: _____
Comments: _____
