



NORTHWOODS PREGNANCY CARE CENTER
VOLUNTEER APPLICATION

Name: _____

(Last)

(First)

(Middle)

Address: _____

(Street)

(City)

(State)

(Zip Code)

Phone # _____ (best number to reach you at)

Are you 18 years of age ____ Yes ____ No

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, explain: _____

Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: __Yes__ No
School Name: _____ G.E.D.: __Yes__ No
College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6
School(s) Name: _____
Degrees Earned: _____ Date of Graduation: _____
Describe other training or degrees: _____

Previous Volunteer Experience: (*List most recent volunteer experience*)

Organization : _____ Dates of volunteer service: _____

Address: _____

Position/Duties: _____

Telephone : _____ Supervisor's Name: _____

Organization: _____ Dates of volunteer service: _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor's Name: _____

Employment History: (List most recent employment first)

Employer: _____ Dates of employment from _____ to _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor's Name: _____

Employer: _____ Dates of employment from _____ to _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor's Name: _____

Additional Information:

1. What is your reason for seeking to volunteer here?

2. Do you consider yourself a Christian? ___Yes ___No

3. As a Christian, what is the basis of your salvation?

4. Please provide the following information concerning your local church:

Church Name _____ Denomination _____

Address _____

Pastor's Name _____

Positions in which you have served _____

5. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

References:

Please list persons who are not related to you and you have known for at least two years, including your Pastor.

NAME	ADDRESS	PHONE #	YEARS ACQUAINTED	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify the accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to any decisions made based upon such information. I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

Signature of applicant: _____

Date: _____