



ASSIST PREGNANCY CENTER
encourage. educate. empower.

5101-D Backlick Rd.
Annandale, VA 22003

Volunteer Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone (Home): _____ Phone (Cell): _____

Email: _____ Full Birthdate: _____

Church: _____

Marital Status: _____ Spouse Name (if applicable): _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Education

Did you complete high school via either a diploma or a GED? YES NO

Do you have any degrees? YES NO

If yes, list school name, degree earned, and date of degree:

Previous Volunteer Experience

Organization: _____ Phone: _____

From: _____ To: _____

Organization: _____ Phone: _____

From: _____ To: _____

Organization: _____

Phone: _____

From: _____ To: _____

Training and Gifts

1. What special gifts, talents, or personality traits do you bring to this ministry?

2. List any special training, Biblical studies, or educational experience.

3. Describe five things you have enjoyed doing most in your life from age five until now. Describe what you did well and what made you enjoy doing it. Describe each experience in a few sentences.

4. What are your strengths?

5. What are possible areas of weakness?

6. What personality types do you have difficulty working with?

7. How do you resolve conflict/disagreement?

General Information

1. How did you hear about Assist Pregnancy Center?

2. What is your reason for getting involved with Assist?

3. How does your spouse/family feel about this involvement?

4. Have you ever counseled a woman who was considering an abortion? Please explain.

5. Have you ever known a single mother? YES NO

If yes, what were your feelings about her particular situation?

6. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?
 Never an option Case of rape/incest Physical life of the mother Case of extreme psychological stress
 Other; Please explain

7. Knowledge of abortion methods:
 Excellent Good Fair Poor
Knowledge of abortion risks:
 Excellent Good Fair Poor
Knowledge of existing state and federal laws regulating abortion:
 Excellent Good Fair Poor
Knowledge of what the Bible teaches about abortion:
 Excellent Good Fair Poor

8. Please list any books, films, or other materials that you have read or viewed that relate to abortion, pregnancy, or adoption..

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

10. How do you feel about a woman making an adoption plan for her baby?

11. Are you currently seeking to adopt a child? YES NO

12. Have you ever sought to adopt a child? YES NO

13. When do you feel sexual activity is morally permissible?

14. Would you recommend contraceptives to single teenagers or single adults who are sexually active?

Christian Walk

1. Do you consider yourself a Christian? YES NO

If yes, please explain what it means to be a Christian.

2. How long have you been a Christian?

Give a brief statement about how you came to know Christ as your personal Lord and Savior.

3. Since the beginning of your relationship with Christ, how has your life changed?

Thank you for taking time to fill out this application. Please hand out your reference pages to three people who know you well. One must be a pastor and the others Christian friends or peers (no relatives please). They may email (volunteer@assistcpc.org) or mail these back to the Center separately from this application. Please return this application as soon as possible.

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 Assist Pregnancy Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Assist 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. I give permission to Assist Pregnancy Center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at Assist Pregnancy Center, I agree to fully adhere to its Policies and Procedures, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of Assist Pregnancy Center, and I am not seeking nor expecting to receive any compensation or other benefits in return for my volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with Assist Pregnancy Center's Statement of Faith and Statement of Principle.

Signature: _____ Date: _____