

Pregnancy Care Center

of Plant City



304 N. Collins Street • Plant City, Florida 33563
Phone 813-759-0886 • Fax 813-759-0882 • Email: snelson@pccpc.net

Volunteer Application

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Number & street City State Zip code

Phone #: _____ Email: _____

Are you over 18 years old: ___Yes ___No
Have you ever been convicted of a crime? ___Yes ___No
If yes, please explain:

Education

1. High School:

Number of years complete (circle one) 1 2 3 4 Diploma: ___Yes ___No GED: ___Yes ___No

School Name: _____

2. College and/or Vocational School:

Number of years completed (circle one) 1 2 3 4 5 6 7+

School Name(s): _____

Degree(s) Earned: _____ (Date): _____

Describe other training or degrees: _____

Previous Volunteer Experience (list most recent first)

Organization: _____ Date of volunteer service From: _____ To: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Position/Duties: _____

Organization: _____ Date of volunteer service From: _____ To: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Position/Duties: _____

List any additional volunteer experience on a separate sheet.

Employment History (list current/most recent first)

Employer: _____ Date of employment From: _____ To: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Position/Duties: _____

Employer: _____ Date of employment From: _____ To: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Position/Duties: _____

List additional employment history on a separate sheet.

Additional Information

What is your reason for seeking to volunteer here?

Are you currently or have you ever been involved in seeking to adopt a child? ___ Yes ___ No

If yes, please

explain: _____

Do you consider yourself a Christian? ___Yes ___No

If yes, how long have you been a Christian? _____

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

Please provide the following information concerning your local church.

Church Name: _____

Address: _____

Do you attend regularly? _____ If not, why? _____

Pastor's name: _____ Phone number: _____

Positions in which you've served: _____

What is your stand on drinking alcohol? _____

Do you smoke? _____

Pregnancy Care Center of Plant City 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.

Have you ever walked through a pregnancy decision with a woman or man who was considering abortion? ___Yes ___No

If yes, please share what counsel/encouragement you gave her/ him:

Have you had or witnessed any traumatic experiences relating to abortion? ___Yes ___No

If yes, please explain how this shaped your perspective:

Has unplanned or nonmarital pregnancy impacted people you know? ___Yes ___No

If yes, please share what impact this has had on you:

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 distress

___ Other (please explain): _____

Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

Self-Assessment

How would you rate yourself in the following areas?

a. Knowledge of abortion methods: ___excellent ___good ___fair ___poor

b. Knowledge of current laws concerning abortion: ___excellent ___good ___fair ___poor

c. knowledge of what the bible teaches about abortion: ___excellent ___good ___fair ___poor

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

What do you consider to be your possible areas of weakness?

Are there any particular personality types with whom you have difficulty working?

References

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

1. Name: _____
Address: _____
Phone #: _____
Years Acquainted: _____
Relationship: _____

2. Name: _____
Address: _____
Phone #: _____
Years Acquainted: _____
Relationship: _____

3. Name: _____
Address: _____
Phone #: _____
Years Acquainted: _____
Relationship: _____

4. Name: _____
Address: _____
Phone #: _____
Years Acquainted: _____
Relationship: _____

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 their accuracy and to obtain reference information concerning my character and capabilities. I release Pregnancy Care Center of Plant City 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 the center to conduct a Level 2 background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I understand that any falsified statements or omissions of material information on this application may lead to my prompt dismissal. 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 Pregnancy Care Center of Plant City's Statement of Faith and Core Values.

Signature of Applicant: _____ Date: _____