

## **Application for Employment or Volunteer Position**

## Applicant Information

Name			
Street Address			
City	State_		<u></u>
Phone: Day	Evening	Cell	
E-Mail Address		Marital Status	
Desired Position:			
Date Available to Start:	Birth date:	S.S.#	
Are you authorized to work in	n the U.S? Yes No		
Have you ever been convicte	ed of a felony? Yes	No	
If yes, please explain:			
Education and Training			
High School		Degree/Diploma	
Trade School		Certificate	
College		Degree/Diploma _	
Other			

## Employment History (most recent first)

1. Dates Worked Name & City of Employer	<del></del>	Phone
Position Held	Reason for Leaving	
2. Dates Worked		
Name & City of Employer		Phone
Position Held	Reason for Leaving Phone	
References		
1. Name	Phone	
	# of years known	
2. Name	Phone	
Occupation	# of years known _	<del>-</del>
3. Name	Phone	<del>-</del>
Occupation	upation # of years known	
Previous Volunteer Experi	ience	
1. Dates of service	Supervisor's Name	
Organization		
	Phone	
Position/Duties		
2 Dates of service	Supervisor's Name	
Organization	Supervisor's Name	
	Phone	
Position/Duties		
General Information		
How did you first hear about 7	The Pregnancy Center?	

Briefly state what makes you interested in working with The Pregnancy Center			
Church you attend			
PhoneAddress			
Pastor			
May we call Pastor for a reference? Yes No			
How long have you been involved in your Church?			
Are you currently involved in a Bible study? Yes No If yes, how long?			
Do you consider yourself a Christian? Yes No			
What is a Christian? (In your own words)			
Who is Jesus Christ to you?			
How long have you been a Christian?			
Give a brief statement about how you came to know Christ as your personal Savior and Lord.			
What gifts, talents, and experience or personality traits would you bring to this ministry?			
How do you handle conflict with others?			
Pregnancy Center Related Knowledge			
Have you attended a Pregnancy Center volunteer training seminar? Yes No If yes, when?			
If no, are you willing to commit to attend such a seminar? Yes No			

How many hours per month are you willing and able to devote to this ministry?
Have you ever counseled a woman who was considering abortion? Yes No
Have you had any personal experiences related to abortion? Yes No Please Explain :
In this section, please make a general evaluation of your knowledge in the following areas:  A. Knowledge of how abortions are performed and the methods used:  Excellent Good Fair Poor
B. Knowledge of existing laws regulating abortion:  Excellent Good Fair Poor
C. Knowledge of biblical teaching on the sanctity of human life:  Excellent Good Fair Poor
Under what circumstances, if any, is abortion justifiable?  Never Rape or Incest Mother's Life endangered  Other
Do you have questions concerning abortion and/or the sanctity of life?
Are you currently seeking to adopt a child? Yes No
When do you feel sexual intercourse is morally permissible? Please explain.
Are you uncomfortable with any aspect of the Center's statement of faith or statement of principle? Yes No Please explain:
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For Board Member Positions Only a normal term in office is either 2 or 3 years. How long of a term would you be able to commit yourself to serve on the Board of Directors?
To the extent of your knowledge about the work of The Pregnancy Center what vision can you see for the future of the Center?