



Personal Information

Name: _____
Last First Middle Initial

Address: _____
Number & street City State Zipcode

Phone #: _____ Last 4 digits of Social Security #: _____

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: _____
Number & street City State Zipcode
Telephone: _____ Supervisor Name: _____

Position/Duties: _____

Organization: _____ Date of volunteer service From: _____ To: _____
Address: _____
Number & street City State Zipcode
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: _____
Number & street City State Zipcode
Telephone: _____ Supervisor Name: _____

Position/Duties: _____

Employer: _____ Date of employment From: _____ To: _____
Address: _____
Number & street City State Zipcode
Telephone: _____ Supervisor Name: _____

Position/Duties: _____

List additional employment history on a separate sheet.

1300 S. Division St. Suite C, Salisbury, MD 21804
410-546-5433 Fax 410-546-8065
easternshorepregnancycenter.org
info@espc.comcastbiz.net

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: _____
Denomination: _____

Address: _____
Number & street City State Zipcode

Pastor's name: _____ Phone number: _____

Positions in which you've served: _____

Pregnancy Care Clinic of the Eastern Shore 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:

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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: _____ pg 6
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 Clinic of the Eastern Shore 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 criminal 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 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 Clinic of the Eastern Shore's Statement of Faith and Core Values.

Signature of Applicant: _____ Date: _____

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