

Volunteer Application

(You may cut and paste this application form into a word document to fill out and send.)

Name: _____ Dare _____

Address _____ Zip _____

Home phone _____ Work _____ Email _____

Previous volunteer experience with what organization? _____

Years of school Completed? _____ College attended _____

Special training or accomplishments? _____

How did you hear about Pregnancy Choices LifeCare Center? _____

What made you interested in volunteering with us?

How do you feel about abortion? Have you experienced an abortion? Have you worked a healing program?

Are there any circumstances that make abortion acceptable? _____

How do you feel about contraception? _____

How do you feel about pre-marital sex or a couple living together? _____

What has been your experience with adoption? _____

Do you have any experience working with multi cultural populations and if so explain?

Do you speak a language other than English? _____ What _____

Do you have experience serving the needs of the poor? _____

How often would you be willing to serve at the center? _____

We ask volunteers to commit to four hours a month, and those that are interested in counseling we ask a minimum of eight hours a month. We now start all volunteers as receptionist and move those with interest and skill sets to volunteer counselors.

Are you interested in attending counselor training? _____

What day of the week is best for you to volunteer? _____

Please supply us with the name and telephone numbers of two character references:

Name _____ Phone # _____

Name _____ Phone # _____

May we also call your current pastor for a character reference? Yes _____ No _____

Name _____ Phone # _____

Please mail to:

Director of Pregnancy Choices LifeCare Center
15026 Glazier Ave
Apple Valley MN 55124