



VOLUNTEER APPLICATION

Name: _____ Phone: (____) ____ - _____

Address: _____ Cell: (____) ____ - _____

City: _____ State: _____ Zip: _____ Email: _____

Are you over 18 years old? ☐ Yes ☐ No Birth Date: _____

Have you ever been convicted of a crime other than a minor traffic offense, including while in the military?

☐ Yes ☐ No If yes, explain: _____

EDUCATION:

High School: Diploma: ☐ Yes ☐ No G.E.D.: ☐ Yes ☐ No Circle # of years completed: 1 2 3 4

High School Name: _____

College and/or Vocational School: Number of years completed: _____

College/Vocational School Name: _____

Major: _____ Degree Earned: _____ Date: _____

Describe any other training or degrees: _____

PREVIOUS VOLUNTEER EXPERIENCE: List most recent volunteer experience first.

Organization _____ Dates served: From _____ To _____

Address _____

Position/Duties _____

Phone: (____) ____ - _____ Supervisor name _____

EMPLOYMENT HISTORY: List your current or most recent employment history.

Organization _____ Dates served: From _____ To _____

Address _____

Position/Duties _____

Phone: (____) ____ - _____ Supervisor name _____

May we call your supervisor? ☐ Yes ☐ No

ADDITIONAL INFORMATION:

1. What is your reason for seeking to volunteer at Crossroads? _____

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

3. Do you consider yourself a Christian? ☐ Yes ☐ No

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

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

5. Please provide the following information concerning your church.

Church name: _____

Denomination: _____

Address: _____

Pastor's name: _____ Phone: (____) ____ - _____

Positions in which you have served and the areas of ministry in which you have been involved:

Frequency of Attendance: _____

6. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your work if hired.

7. Have you ever counseled a woman who was considering an abortion? ☐ Yes ☐ No

If yes, please explain: _____

8. Have you had any traumatic experiences relating to abortion? ☐ Yes ☐ No
If yes, please explain: _____

9. Have you ever known a single pregnant woman? ☐ Yes ☐ No
If yes, please explain: _____

10. 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 (specify): _____
11. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

12. How would you rate yourself in the following areas?
- Knowledge of abortion methods: ☐ excellent ☐ good ☐ fair ☐ poor
 - Knowledge of what the Bible teaches about abortion: ☐ excellent ☐ good ☐ fair ☐ poor
13. Are you currently or have you ever been involved in seeking to adopt a child? ☐ Yes ☐ No
If yes, please explain: _____

REFERENCES:

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

1. Name: _____ Phone: (____) ____ - _____
Address: _____
Years Acquainted: _____ Relationship: _____
2. Name: _____ Phone: (____) ____ - _____
Address: _____
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 the 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 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 the pregnancy center's Statement of Faith, Statement of Principle, Conflict Resolution Commitment, and Christian Role Model Declaration.

Signature of applicant _____ Date _____

Please mail the completed form to:

CROSSROADS PREGNANCY CARE

Attn: Volunteer Coordinator
256 Trumbauersville Road
Quakertown, PA 18951
(215)538-7003 (ext.204)

Thank You!!

Office Use Only:

Date Received: _____

Received by: _____

Additional Comments: