

Pregnancy Help Center
327 Garland Drive Lake Jackson, TX 77566
Volunteer Application Form

Date: _____

Field of Interest: Client Advocate Closet Maintenance HOPE program

Name: _____

Hm Ph.: _____

Address: _____

Wk Ph.: _____

City, ST, Zip: _____

Cell Ph.: _____

Email: _____ Birthdate: _____

Age: _____

Marital Status: Single Married Separated Widowed

Family

Spouse's name: _____

Children (names and ages)

How does your family / spouse feel about this kind of work?

Faith

How does a person become a Christian?

When did you become a Christian?

Where is your church membership?

How frequently do you attend?

Pastor's name: _____

Church address and phone:

What is your attitude about sharing your personal faith?

Have you ever received training to share your faith in Jesus Christ? Yes No
When, where and type of program?

If no, are you willing to be trained in personal evangelism? Yes No
What is your spiritual gift?

What role do you believe prayer plays in this ministry?

Work Experience

Why would you like to be a Pregnancy Help Center volunteer?

Previous volunteer experience:

Any related field of experience:

Special qualifications (advanced degree, counseling experience, etc.):

Personality

What do you feel are your strong areas?

What do you feel are your weak areas?

Do you prefer interaction in a large group one on one?
Are there any personalities / socioeconomic backgrounds with whom you might have

difficulty? Yes No If yes, which ones?

Have you experienced anything traumatic in the past year? Yes No

How have you dealt with it?

What was the outcome?

Briefly describe how you would advise a young woman experiencing a crisis pregnancy.

Why do you believe you are capable of effectively working with a woman in a crisis pregnancy?

References

List three (3) references with phone numbers:

1. _____
2. _____
3. _____

~~~~~ Do Not Write Below This Line ~~~~~

Interview Date_____

Interviewed By_____

Comments_____

Executive Director Signature

Approval_____