



• ENGAGE • EQUIP • EMPOWER •

Pregnancy Resource Center of SW Oklahoma
Volunteer Application Form

Date: _____

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Email: _____

Emergency Contact-Name: _____ Phone: _____

TRAINING/GIFTS

1. What special gifts, talents or personality traits do you bring to this ministry?

2. What are possible areas of weakness?

3. What is your educational background? List any special training, Biblical studies or education experience.

4. Describe three things you have enjoyed doing most in your life. Describe what you did well and what made you enjoy doing it. Describe each experience in a few sentences. (Use back of paper if needed)

a. _____

b. _____

c. _____

5. What personality types do you have difficulty working with?

6. How do you resolve conflict/disagreements?

GENERAL INFORMATION

1. How did you hear about the Pregnancy Resource Center?

2. What is your reason for getting involved in the Pregnancy Resource Center?

3. What other ministries or organizations have you either been a lay-counselor for or been involved with?

4. How does your spouse/family feel about this involvement?

5. Have you ever known a single mother? ____Yes ____No
What were your feelings about her particular situation?

6. How do you feel about a single woman parenting her baby?

7. How do you feel about a woman placing her baby for adoption?

8. Are you currently seeking to adopt a child?

9. Have you ever counseled a woman who was considering an abortion? ___Yes ___No Please Explain:

10. Under what circumstances, if any would you consider abortion as an option for a woman with an unplanned pregnancy?

___ Never an option ___ Life of the mother ___ In cases of rape/incest
___ In cases of extreme psychological stress ___ Other. Explain on back

11. Knowledge of abortion risks for women.

___ excellent ___ good ___ fair ___ poor

12. Knowledge of existing laws regulating abortion.

___ excellent ___ good ___ fair ___ poor

13. When do you feel sexual intercourse is morally permissible?

14. What are your feelings regarding birth control and single adults or teenagers who are sexually active?

PERSONAL INFORMATION

1. Birthdate ___/___/___ Spouse name: _____

2. Marital Status Married Single Divorced Separated Widow How long? _____

3. Do you have Children? Yes No
If yes, how many and how old? _____

4. Have you ever faced an unplanned pregnancy? Yes No
If yes, briefly share about the experience.

5. Have you or someone you love ever chosen a plan of adoption for a baby? Yes No
If yes, briefly share about the experience.

6. Have you ever had an abortion? Yes No
If yes, briefly share about the experience.

CHRISTIAN WALK

1. Do you consider yourself a Christian? ___ Yes ___ No If yes, explain what it means to be a Christian.

2. How long have you been a Christian?

3. Please give a brief statement (testimony) about how you came to know Jesus Christ as your personal Lord and Savior.

4. How has your life changed since your personal relationship with Jesus Christ began?

5. What church do you attend? _____
Denomination: _____ Pastor's Name: _____

6. How long have you been involved at your church?

STATEMENT OF FAITH/STATEMENT OF PRINCIPLE

Please read the Statement of Faith and Statement of Principle on the following pages.

1. Are you in total agreement with these two statements? ____ Yes ____ No If not, please explain.

2. What questions do you have about these two documents, if any?

LEGAL INFORMATION

The responses to the following questions will be kept confidential in the Office of the Center Director. This is privileged communication and will not be shared.

1. Have you ever engaged in, been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse? Yes _____ No _____

If yes, please explain. Attach a separate page, if necessary.

2. Were you a victim of sexual or physical abuse or molestation while a minor?

3. Yes _____ No _____

If yes, please explain.

4. As a part of the application process, it is a requirement of Pregnancy Resource Center to request a background check.

Social Security Number: _____ DOB: _____

For Office Use Only

Date of interview _____ Date began at PRC _____ Date left PRC _____

Comments: _____

Volunteer Agreement

Recognizing that the Pregnancy Resource Center is an evangelical ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read and agree with the Statement of Faith.

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for any woman facing an unplanned pregnancy.

I accept responsibility to act as an advocate on behalf of the women I see; to give accurate information, emotional support, and spiritual guidance. ALL INFORMATION ON PRC CLIENTS WILL BE KEPT IN STRICT CONFIDENCE. I WILL CONTINUE TO KEEP THE INFORMATION CONFIDENTIAL EVEN AFTER I AM NO LONGER A VOLUNTEER AT THE PRC.

I believe in the doctrine of sexual purity outside of marriage as stated in the Bible (1 Thessalonians 4:1-5). I agree to remain abstinent outside of marriage.

Understanding the vital role volunteers play in the work at PRC, I do commit myself to faithfully serve the Lord 4 hours per week on a regular basis for no less than one year (unless otherwise agreed upon by the Director). Additionally, I will attend volunteer meetings.

I have read and understand and agree with the PRC Statement of Principle and will at all times uphold it, as well as the policies and procedures established by the PRC and the Executive Director of the PRC.

Volunteer Signature

Date

Director of Pregnancy Resource Center

Date

Volunteer Service Sheet

Name: _____ Email: _____

Address: _____ City/State: _____

Zip: _____ Phone :(Home) _____ (Cell) _____

Church Affiliation:

The Pregnancy Resource Center needs YOU! We are a ministry that is dedicated to helping mothers and their unborn children. As a ministry, we rely heavily on volunteers to keep the doors open and our outreach effective. Listed below are many areas of ministry that need to be filled. God bless you as you consider working for Him in the following areas:

MINISTRIES

Client Advocate
Brightcourse
Baby Boutique
Single Moms
Fatherhood
Post Abortion Care
Post Trauma Care
War Room/Prayer

FUND RAISING

Walk for Life
Fall Gala

MISCELLANEOUS

Sewing Positive PT Bags
Writing & gathering articles for our donor newsletter

Building Maintenance

Changing lightbulbs/filters
Garage
Painting

MEDICAL TEAM

Doctor – OB/GYN
Nurse – RN's
Sonographer

OFFICE HELP

Data Entry
Grant Writing
Mail Outs

HOSPITALITY

Catering for volunteer meetings
Planning holiday parties

Other areas of responsibility of our volunteers are:

Housekeeping & stocking
(Cleaning and stocking counseling rooms)
Client room maintenance
(Handout inventory and restocking)

Dear Friend:

Attached are three reference forms. One will need to be filled out by your Pastor. The other two are to be filled out by someone that has known you for at least two years, and is not related to you.

Please have each person *mail them directly back to the director of the PRC or scan and email to*

edirector.prc@gmail.com

Pregnancy Resource Center
P. O. Box 2754
Lawton, OK 73502

Sincerely,

LaRae Taylor
Executive Director

Volunteer Reference Form

Reference for: _____ Date: _____

Your Name: _____

The person above has applied for a volunteer position at the Pregnancy Resource Center. A volunteer has direct client contact either on the phone, as a receptionist or as a volunteer client advocate in the Center. The candidate has been asked to supply the Center with three references and your assistance will be greatly appreciated.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord.
2. Dependability, responsibility and willingness to give of themselves.
3. Submission to the Center's policies and procedures and to those in leadership.
4. Steadfastness, faithfulness, and possession of an unshakeable confidence in the Word of God with an ability to communicate its truth.
5. Uncompromised commitment to the sanctity of all human life.

Please answer the questions listed below:

1. How long have you known the applicant? _____

2. What is your relationship with the applicant? _____

3. How would you rate the applicant regarding the following:
(Scale – 5 – excellent 4 – good 3 – satisfactory 2 – fair 1 – poor)

_____ Dependability _____ Spiritual maturity _____ Cooperation _____ Initiative

_____ Communication skills _____ Compassion/mercy _____ Submission to authority

4. Write a short paragraph describing the applicant in relation to description of the qualities sought above.

Please mail completed form directly to the:

_____ Director, Pregnancy Resource Center, P. O. Box 2754, Lawton, OK 73502

Or email to edirector.prc@gmail.com

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