|  |  |
| --- | --- |
| Volunteer Application  (Positions that involve working directly with clients) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| basic Information | | | | | | | | | | | |
| Date | |  | | | | | | | | | |
| Name | |  | | | Birth Date |  | | | | Age |  |
| Address | | |  | | | | | Apartment/Unit # | | |  |
| City |  | | | | State |  | | Zip |  | | |
| Phone |  | | | | E-mail Address | |  | | | | |
| Employer | | | |  | | Work Phone | |  | | | |
| Marital Status | | | |  | | Spouse’s Name | |  | | | |
| Names & ages of children | | | |  | | | | | | | |

|  |
| --- |
| How did you hear about the Pregnancy Resource Center? |
|  |

|  |
| --- |
| Why are you interested in volunteering with the PRC at Valley Women’s Clinic? |
|  |

|  |
| --- |
| With what other ministries or organizations have you been involved? |
|  |

|  |
| --- |
| What are your feelings toward someone who has had an abortion? |
|  |

|  |
| --- |
| What special skills and talents do you bring to this ministry? |
|  |

|  |
| --- |
| How do you feel about abortion? |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Christian Walk | | | | | | | Do you have a personal relationship with Jesus Christ? YES \_\_ NO \_\_ | | | | | | | What does that mean to you? | | | | | | | Please explain how you came to know Jesus as Savior. (if necessary, attach a separate piece of paper.) | | | | | | | How has your personal relationship with Christ affected your life? | | | | | | | Are you involved in a local church? YES \_\_ NO \_\_ | | | | | | | Church |  | | | | | | Mailing Address |  | | | Phone |  | | City |  | State |  | Zip |  | | Pastor |  | | | | | | *(Please have him/her complete the appropriate reference form.)* | | | | | | | Please describe positions held/services performed in the church. | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | References | | | | | | | | Please list **two** references (non-family) in addition to your pastor and have them complete the appropriate reference form (available on our website) and have them return it directly to us. | | | | | | | | Name |  | | | Relationship | |  | | Years you have known them |  | Phone |  | | Email |  | | Address |  | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name |  | | | Relationship | |  | | Years you have known them |  | Phone |  | | Email |  | | Address |  | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | volunteer information | | | | | | | | | Please indicate your preference for location of volunteering: | | | \_\_ Blacksburg clinic | | | \_\_ Radford clinic | | | Please indicate your preference or availability (please indicate all that apply): | | | | | | | | | \_\_ Monday morning  \_\_ Monday afternoon | \_\_ Tuesday afternoon  \_\_ Tuesday evening | \_\_ Wednesday morning  \_\_ Wednesday afternoon | | | \_\_ Thursday morning  \_\_ Thursday afternoon  \_\_ Thursday evening | | \_\_ Friday morning  \_\_ Friday afternoon | | Please select the position(s) you are applying for: | | | | | | | | | \_\_ Client advocate: pregnancy options counseling  \_\_ Client advocate: prenatal/parenting classes (EWYL)  \_\_ Nurse  \_\_ Sonographer  \_\_ “For Men Only” counselor | | | | \_\_ Support group (post-abortion, grief, etc.)  \_\_ Family Life Mentor program coordinator  \_\_ Sexual Integrity program coordinator  \_\_ Abortion recovery program coordinator | | | | | | | |
|  | | | |
| verification | | | |
| I verify that all above information and answers are true to the best of my knowledge. I give the Pregnancy Resource Center permission to contact the people I have listed above for references. | | | |
| Signature |  | Date |  |

Send this application to: 708 North Main St, Suite 200 Blacksburg, VA 24060. You may fax it to (540) 552-5567 or scan and email to [cjohnson@prcnewrivervalley.com](mailto:cjohnson@prcnewrivervalley.com). If you have any questions, call (540) 552-5556.

*Please be sure to have your references (1 from your pastor and 2 other references needed) fill out the appropriate forms (available on our website) and return them to us.* Check out our websites also: [www.valleywomensclinic.org](http://www.valleywomensclinic.org) (client site) or [www.prcsupport.com](http://www.prcsupport.com) (supporter site).

Thanks for your interest in PRC!