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

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| 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 |  |

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| How did you hear about the Pregnancy Resource Center? |
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| Why are you interested in volunteering with the PRC at Valley Women’s Clinic? |
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| With what other ministries or organizations have you been involved? |
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| What are your feelings toward someone who has had an abortion? |
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| What special skills and talents do you bring to this ministry? |
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| How do you feel about abortion? |
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| 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. |

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| 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 |  |

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| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Years you have known them |  | Phone |  | Email |  |
| Address |  |

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| 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 |

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| 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. 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!