

# 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):

<input type="checkbox"/> Monday morning	<input type="checkbox"/> Tuesday afternoon	<input type="checkbox"/> Wednesday morning	<input type="checkbox"/> Thursday morning	<input type="checkbox"/> Friday morning
<input type="checkbox"/> Monday afternoon	<input type="checkbox"/> Tuesday evening	<input type="checkbox"/> Wednesday afternoon	<input type="checkbox"/> Thursday afternoon <input type="checkbox"/> Thursday evening	<input type="checkbox"/> Friday afternoon

Please select the position(s) you are applying for:

<input type="checkbox"/> Client advocate: pregnancy options counseling	<input type="checkbox"/> Support group (post-abortion, grief, etc.)
<input type="checkbox"/> Client advocate: prenatal/parenting classes (EWYL)	<input type="checkbox"/> Family Life Mentor program coordinator
<input type="checkbox"/> Nurse	<input type="checkbox"/> Sexual Integrity program coordinator
<input type="checkbox"/> Sonographer	<input type="checkbox"/> Abortion recovery program coordinator
<input type="checkbox"/> "For Men Only" counselor	

## 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!**