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| focus Volunteer Application(Special projects volunteer positions) |  |

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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? |
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| With what other ministries or organizations have you been involved? |
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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? |
| Are you involved in a local church? YES \_\_ NO \_\_ |
| Church |  |
| Mailing Address |  | Phone |  |
| City |  | State |  | Zip |  |
| Pastor |  |
| Please describe positions held/services performed in the church. |

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| volunteer information |
| Please select the position(s) you are applying for: |
| \_\_ **Focus volunteer:**Focus volunteers, as needed, will join us for specific needs, including activities such as, assembling and preparing mailers, working an event or fundraiser, cleaning projects, data entry, sorting donated materials, facility or computer maintenance, and more. | \_\_ **PRC Advocate:**Ongoing annual supporters, PRC Advocates serve as an advocate of PRC ministry to their group, organization, church or campus ministry. Advocates have opportunity to attend an annual meeting for training and are in charge of facilitating how their group will partner with the PRC ministry for the year. |
| If applying to be a focus volunteer, which task(s) is of interest to you? *(Assembling and preparing mailers, working an event or fundraiser, cleaning projects, data entry, sorting donated materials, facility or computer maintenance, or other.)* |
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| verification |
| I verify that all above information and answers are true to the best of my knowledge.  |
| 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 info@prcnewrivervalley.com. If you have any questions, call (540) 552-5556.

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!