

# Heartland Pregnancy Care Center Volunteer Application

Date\_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Phone number \_\_\_\_\_  
(Home) (Cell) (Work)

Are you over 18 years of age? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever been convicted of a crime? Yes\_\_\_ No\_\_\_ If Yes Please explain

\_\_\_\_\_  
\_\_\_\_\_

What is your reason for seeking to volunteer here? \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience? Yes\_\_\_ No\_\_\_ If Yes Where? \_\_\_\_\_

\_\_\_\_\_

What duties did you perform there? \_\_\_\_\_

If you attend church please provide the following information about your church.

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Pastor's name \_\_\_\_\_

Positions in which you serve: \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_

If so, how long have you had this relationship? \_\_\_\_\_

Are there any personality types with whom you have difficulty working with? \_\_\_\_\_

\_\_\_\_\_

References:

Please list persons who are not related to you and have known you for at least two years.

Name	Address	
1. _____		
Phone No.	Relationship	Years
_____		

Name	Address	
2. _____		
Phone No.	Relationship	Years
_____		

Name	Address	
3. _____		
Phone No.	Relationship	Years
_____		

I certify that the facts outlined in this application are true and complete to the best of my knowledge. I authorize Heartland Pregnancy Care Center to verify accuracy and to obtain reference information concerning my character and capabilities. I release this church and any person or entity providing such reference information from any liability relating to the provision of such information and/or relating to any decisions made based upon such information. If I become involved in the ministry at Heartland Pregnancy Care Center, I agree to fully adhere to its policies and procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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