

Confidential Application for Pregnancy Consultants/ Volunteers
(Intending to work with clients)

Name_____	Phone Number_____
Address_____	City_____ State_____
Date of Birth_____	Driver's License Number_____ (background check)

1. Briefly state what makes you interested in working with ABC Pregnancy Care Center as a volunteer consultant.

2. If you have children, what kind of arrangements do you have or will you have?

3. What gifts (talents, experience, personality traits or education) has God given you to serve Him in this ministry?

4. How did you hear about our center?

5. Our services are confidential. You may come in contact with someone you or a friend knows. Do you consider yourself trustworthy of this confidentiality? Yes No

6. Do you consider yourself a Christian? Yes No

7. If yes, how long have you been a Christian?

8. What does being a Christian mean to you?

9. Please provide the following information about your church.

Name_____	Phone Number_____
Address_____	Pastor's Name_____

10. If married, is your spouse supportive of your application to be a volunteer at our center?
11. Have you had any traumatic experiences related to abortion? If yes, please explain.
12. Are there any personality types or ethnic races you have difficulty working with?
13. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?
14. Under what circumstances would you consider recommending contraceptives to unmarried individuals?
15. How do you feel about adoption?
16. Are you currently seeking to adopt a child?
17. Please list two people, other than your pastor or relatives, we can contact for references.

Name_____	Name_____
Address_____	Address_____
City, State, Zip_____	City, State, Zip_____

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you information (including opinions) that they may have regarding my character. I release all such references from any liability for furnishing such evaluations to you, providing they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

Applicant's Signature_____ Date_____

Witness Signature_____ Date_____