

Confidential Application for Volunteers
(Intending to help with center upkeep only)

Name _____	Phone Number _____
Address _____	City _____ State _____
Date of Birth _____	

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

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

The information contained in this application is correct to the best of my knowledge.

Applicant's Signature _____ Date _____