

**Pregnancy Care Center of Southeast Texas  
Volunteer Application**

**Personal Data:** **Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ (Home or Cell) \_\_\_\_\_ (Work)

**Email address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Married:** \_\_\_ **Single:** \_\_\_ **Divorced:** \_\_\_ **Separated:** \_\_\_ **Widowed:** \_\_\_

**Anniversary Date:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Spouse's Employer:** \_\_\_\_\_

**Spouse's Occupation:** \_\_\_\_\_

**Number of Children** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Emergency Contact name and number:** \_\_\_\_\_

**Educational Data:**

**High School attended:** \_\_\_\_\_

**College attended/degrees:** \_\_\_\_\_

**Work experience:** \_\_\_\_\_

**How did you first become aware of the Pregnancy Care Center?** \_\_\_\_\_

**Describe any positions that you have held or services you have performed for other non-profit organizations or ministries.** \_\_\_\_\_

**What gifts, talents, experiences would you bring to this ministry?** \_\_\_\_\_

**Spiritual Background:**

**Do you consider yourself a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_**

**How long have you been a Christian? \_\_\_\_\_**

**What does it mean to be a Christian? \_\_\_\_\_**

\_\_\_\_\_

**According to your understanding of Scripture, how does one become a Christian? \_\_\_\_\_**

\_\_\_\_\_

**Briefly describe your testimony of faith \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**Please provide the following information about your local church:**

**Name: \_\_\_\_\_**

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

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Please give the name of someone in leadership at your church that could be used as a character reference.**

**Name: \_\_\_\_\_**

**Position: \_\_\_\_\_**

**Do you agree with the PCC Statement of Faith and Guiding Principles? (Attached to the application) If not please elaborate.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Abortion & Adoption Experiences:**

*(For Client advocate and Medical Services Positions Only)*

**Have you had any personal experiences with abortion or adoption?**

Yes  No

If Yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pro-Life Data:**

**Do you feel there are any situations that would justify abortion? If so, what are the situations and why?** \_\_\_\_\_  
\_\_\_\_\_

**Do you believe that abortion is wrong?** \_\_\_\_\_  
**What is your position concerning abortion in the case of rape or incest?**

\_\_\_\_\_

**What is your position concerning abortion in the case of possible or confirmed birth defects?** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**How do you feel about an unwed mother keeping her baby?** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**How do you feel about adoption as an alternative to women with an unplanned pregnancy?** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**How do you feel about the use of birth control for unmarried individuals?** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Your skills, talents, strengths, and weaknesses:**

**Is there anything concerning your suitability to serve as a volunteer that we should consider?** \_\_\_\_\_  
\_\_\_\_\_

**What skills, professional accreditations, or other abilities do you have that might be of service or benefit to the PCC?** \_\_\_\_\_  
\_\_\_\_\_

**What are your personal strengths?** \_\_\_\_\_  
\_\_\_\_\_

**Please answer the following:**

**F- Frequently    S – Sometimes    R – Rarely    N- Never**

- I anger quickly**
- I take everyone's problems to heart**
- I can handle conflict**
- I get frustrated with those who continue to sin.**
- I hate to confront**
- I listen but do not advise**
- I have a servant's heart**
- I have a consistent walk with the Lord**
- I am working on my walk with the Lord**

**Thank you for filling out this application.**

**Please list two Character References who have been spiritual leaders or mentors in your life that we may contact.**

**Reference 1**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reference 2**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

PCC-HUNTSVILLE  
P.O. BOX 7125  
HUNTSVILLE, TX 77342

Reference for \_\_\_\_\_

The above-named person has submitted an application to volunteer for PCC-Huntsville, a Christ-centered pregnancy resource center. The applicant has authorized us to conduct a reference check. A volunteer provides support to women facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their lives.
2. A dependable, responsible attitude; a willingness to give of themselves to the women with whom they work.
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth.

We have asked each applicant to supply us with two references—one from their pastor and one from a person who knows them well. Please answer the questions below and write a short paragraph describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? (e.g., pastor, relative, friend)\_\_\_\_\_

Please briefly describe applicant and your relationship with applicant

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Day time phone number

\_\_\_\_\_  
Signature