



1801 Ludington Street  
Escanaba, MI 49829

(For Office Use Only)

Interview: \_\_\_\_\_  
Orientation: \_\_\_\_\_  
CBC: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Placement: \_\_\_\_\_

### VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle Home Cell Work

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

Email: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Spouse's Name/Occupation: \_\_\_\_\_

Number of Children (if applicable): \_\_\_\_\_ Age(s) (if applicable): \_\_\_\_\_

Have you previously worked/volunteered at a pregnancy help center? If yes, give name of center and dates:

How did you hear about Pregnancy Services of Delta County?

#### Education:

\_\_\_\_\_ High school graduate Year graduated: \_\_\_\_\_  
\_\_\_\_\_ College graduate Degree earned: \_\_\_\_\_  
\_\_\_\_\_ Current student School: \_\_\_\_\_

#### Work Experience:

1. Name/address of organization: \_\_\_\_\_  
Name/phone of supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ Job duties: \_\_\_\_\_  
Dates employed: \_\_\_\_\_
2. Name/address of organization: \_\_\_\_\_  
Name/phone of supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ Job duties: \_\_\_\_\_  
Dates employed: \_\_\_\_\_

#### **CHRISTIAN COMMITMENT**

Pregnancy Services of Delta County is an interdenominational organization. Describe how you would interact with others whose doctrines differ from your own.

Please tell us about your relationship with God.

**PERSONAL REFERENCES**

Please provide us with the names of three individuals (other than family) that we may contact for a personal reference.

Name	Address/Email	Relationship	Phone
Name	Address/Email	Relationship	Phone
Name	Address/Email	Relationship	Phone

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical conditions that would affect your ability to perform your volunteer duties or that Pregnancy Services should know about? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

**CHURCH REFERENCE**

Pastor's Name	Church Name	Address	Phone
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How long have you attended: \_\_\_\_\_  
 In what ways are you involved at church? \_\_\_\_\_

**CRIMINAL RECORD**

Have you in the last seven years been convicted of a criminal offense? If yes, indicate nature of offense, date, court, and disposition.

Are you volunteering to satisfy a court-required probation? If yes, please explain.

Are there any legal charges pending against you? If yes, please explain.

I seek to volunteer for civic, charitable, or humanitarian reasons. I agree to perform volunteer services without promise of compensation or other benefits. I agree that as a volunteer I am subject to the policies, rules and regulations of Pregnancy Services including obligations regarding client confidentiality. I authorize Pregnancy Services to verify any and all of the information provided on this application. I also authorize Pregnancy Services of Delta County to conduct a Criminal Background Check on me. I understand that this information will be used to determine my eligibility for a volunteer position. I certify that the statements made in this volunteer application are complete and true to the best of my knowledge.

**Signature of Applicant**

**Date**

<u>Under 18 years of age:</u> I give permission for my son/daughter/guardian to volunteer at Pregnancy Services of Delta County.	
Parent/Guardian Signature	Relationship to Applicant
Revised 01/2015	

# Pregnancy Services of Delta County

## Volunteer / Newsletter sign-up

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Name of local church: \_\_\_\_\_

I would like to receive the Pregnancy Services Newsletter by: email \_\_\_\_\_ mail \_\_\_\_\_

*If you are able to volunteer, please fill out the following.*

When are you available to volunteer? (e.g. day of week, day/evening) \_\_\_\_\_

I'd like to come in on  regular schedule, or  be contacted as needed

Please check the opportunities you would be most interested in:

### Administrative

- Mailings
- Data Entry
- Clerical
- Newsletter
- Board Member
- Receptionist
- Web-site development/maintenance

### Development & Special Events

- Special Events Committee
- Walk for Life
- Fundraising Banquet
- Assist at special events
- Church liaison
- Grant Writing

### Prayer Team

- Pray for clients vulnerable to abortion

### Material Aid

- Organize donated material items
- Wash and iron donated items
- Resource Closet Coordinator
- Deliveries

### Teaching/Mentoring

- Parenting Class
- NFP/ Sexual Integrity
- Post-Abortive
- Hotline Volunteer
- Client Advocate/ Peer Counseling
- Volunteer Coordinator

### Maintenance

- Gardening and yard work
- Cleaning
- Painting
- General repair

Please return completed form to Pregnancy Services of Delta County, 1801 Ludington Street, Escanaba MI 49829 or e-mail to [director@pregnancyservicesdc.org](mailto:director@pregnancyservicesdc.org).