



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

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

# Pregnancy Services of Delta County Sign-Up

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

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

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

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

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

I would like to receive the Pregnancy Services newsletter  
by: email \_\_\_\_\_ Mail \_\_\_\_\_

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

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

\_\_\_\_\_

How often?  regular schedule, or  be contacted as needed

Please check the opportunities you would be most interested in:

### Administrative

- Mailings/Newsletters
- Data Entry
- Board Member
- Receptionist
- Social Media Management
- Website development/maintenance

### Maintenance

- Gardening and yard work
- Snow removal
- Cleaning Weekly
- Spring Cleaning
- General repair

### Mission Advancement & Special Events

- Special events committee
- Walk for Life
- Fundraising Banquet
- Assist at special events
- Church liaison
- Grant writing
- Prayer Team (Pray for clients and ministry)

### Client Services

- Client Advocate (peer counseling)
- Parent Educator (parenting classes)
- Resource Room
- NFP/Sexual Integrity
- Adoption Support
- Post Abortive Support
- Pregnancy Loss Support

Please complete and return this form to our Volunteer Coordinator, Jamie Fisher at Pregnancy Services of Delta County 1801 Ludington St. Escanaba, MI 49829 attn. J. Fisher or email to [jl.fisher1983@gmail.com](mailto:jl.fisher1983@gmail.com)