

Pregnancy Help Center  
1601 23<sup>rd</sup> Street Galveston, TX 77550

**Volunteer Application Form**

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

Field of Interest:          Client Advocate 0          Closet Maintenance 0          HOPE program 0

Name: \_\_\_\_\_ Hm Ph.: \_\_\_\_\_

Address: \_\_\_\_\_ Wk Ph.: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:          Single 0          Married 0          Separated 0          Widow 0

**Family**

Spouse's name:
Children (names and ages)
How does your family / spouse feel about this kind of work?

**Faith**

How does a person become a Christian?
When did you become a Christian?
Where is your church membership?
How frequently do you attend?
Pastor's name:
Church address and phone:
What is your attitude about sharing your personal faith?
Have you ever received training to share your faith in Jesus Christ? Yes 0 No 0
When, where and type of program?
If no, are you willing to be trained in personal evangelism? Yes 0 No 0
What is your spiritual gift?
What role do you believe prayer plays in this ministry?

## Work Experience

Why would you like to be a Pregnancy Help Center volunteer?
Previous volunteer experience:
Any related field of experience:
Special qualifications (advanced degree, counseling experience, etc.):

## Personality

What do you feel are your strong areas?
What do you feel are your weak areas?
Do you prefer interaction in <input type="checkbox"/> a large group <input type="checkbox"/> one on one?
Are there any personalities / socioeconomic backgrounds with whom you might have difficulty? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which ones?
Have you experienced anything traumatic in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/>
How have you dealt with it?
What was the outcome?
Briefly describe how you would advise a young woman experiencing a crisis pregnancy.
Why do you believe you are capable of effectively working with a woman in a crisis pregnancy?

## References

List three (3) references with phone numbers:
1.
2.
3.

\*\*\*\*\*Do Not Write Below This Line \*\*\*\*\*

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Comments \_\_\_\_\_

Executive Director Signature Approval \_\_\_\_\_