



VOLUNTEER APPLICATION

Full Name _____

Mailing Address _____

Phone _____

Email address _____

Date of Birth _____

Have you ever been convicted of a crime? ___Yes ___No If yes, explain the charges and the date of conviction.

Education

What is the highest level of education you have completed? _____

What special certificates, degrees, or training do you possess? _____

Volunteerism-Interests Please describe prior volunteer experience(s).

Organization _____ Dates of service: From _____ To _____

Position/Duties _____

Phone _____ Supervisor _____

Organization _____ Dates of service: From _____ To _____

Position/Duties _____

Phone _____ Supervisor _____

Other experience or interests _____



Employment History Please share recent and/or relevant employment information.

Employer _____ Date of employment: From _____ To _____

Position/Duties _____

Phone _____ Supervisor name _____

Employer _____ Date of employment: From _____ To _____

Position/Duties _____

Phone _____ Supervisor name _____

Additional Information:

What is your motivation in seeking to volunteer here? _____

What is your religious affiliation or background? _____

What church community do you regularly attend, if any? _____

Pastor's name _____ Phone _____

Goldendale Pregnancy Resource Center is a Christ-centered pro-life ministry. Please give a brief statement of how your faith would impact your volunteer work at this center.

What are your personal experiences (self, close acquaintance, or other) with abortion? (Response will be held in confidence.)

Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?



What do you consider to be your possible areas of weakness as a volunteer?

References:

Please list people who are not related to you and who have known you for at least two years.

<u>Name</u>	<u>Phone or E-mail</u>	<u>Relationship</u>	<u>Years acquainted</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the Goldendale Pregnancy Resource Center (GPRC) to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the GPRC and any person or entity providing such reference information from all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer at the GPRC, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than an employee of the pregnancy center. I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

Signature of applicant _____

Date _____

Mission Statement

The Goldendale Pregnancy Resource Center is committed to minister to women and their families by (1) providing confidential, personal support through educational, material, emotional, and spiritual care in any pregnancy and parenting situation, (2) promoting abstinence education as needed, and (3) facilitating support after abortion experiences – always presenting the Gospel of Jesus Christ in all that we do.

I agree to uphold the above GPRC Mission Statement

Signature _____ Date _____



**Goldendale Pregnancy Resource Center
Background Investigation Form**

I, _____ (complete name), hereby authorize the Goldendale Pregnancy Resource Center and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or Police records, including those maintained by both Public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with the Goldendale Pregnancy Resource Center.

I release the Goldendale Pregnancy Resource Center and/or its agents and any person entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Full Name (printed): _____

Maiden name or other names used _____

Present street address _____ Years here? _____

City/State _____ Zip _____

Former street address _____ Years here? _____

City/State _____ Zip _____

Date of Birth _____ Social Security number _____

Have you ever been accused of sexual misconduct? YES ___ NO ___

Have you ever participated in sexual misconduct? YES ___ NO ___

Have you ever been convicted of sexual misconduct? YES ___ NO ___

Signature _____ Date _____

For Office Use Only

Date Submitted _____

Date Results Received _____

(Attach results to this form)

