

Heartland Pregnancy Care Center Volunteer Application

Date _____

Name _____
(Last) (First) (MI)

Address: _____
Number & Street City State Zip Code

Phone number _____
(Home) (Cell) (Work)

Are you over 18 years of age? _____ Date of Birth _____

Have you ever been convicted of a crime? Yes ___ No ___ If Yes Please explain

What is your reason for seeking to volunteer here? _____

Previous volunteer experience? Yes ___ No ___ If Yes Where? _____

What duties did you perform there? _____

Please provide the following information about your church.

Church Name: _____

Address: _____

Phone number: _____ Pastor's Name _____

Positions in which you serve: _____

Do you have a personal relationship with Jesus Christ? _____

If so, how long have you had this relationship? _____

What is the basis of your salvation? _____

Are there any personality types with whom you have difficulty working with? _____

References:

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

| | Name | Address | Phone No. | Relationship | Yrs |
|----|-------|---------|-----------|--------------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I authorize Heartland Pregnancy Care Center to verify accuracy and to obtain reference information concerning my character and capabilities. I release this church and any person or entity providing such reference information from any and all liability relating to the provision of such information and/or relating to any decisions made based upon such information. If I become involved in the ministry at Heartland Pregnancy Care Center, I agree to fully adhere to its policies and procedures.

Signature: _____ Date: _____
