

PREGNANCY RESOURCE CENTER EAST VOLUNTEER APPLICATION

TODAY'S DATE: _____

Name: _____

Phone: _____ Address: _____

City/ST: _____ Zip: _____

Age 18 or over? (yes/no) Birthday: Month ____ Day _____ Marital Status _____

Email: _____ Cell Phone: _____

TRAINING/GIFTS

1. What special gifts, talents or personality traits do you bring to this ministry?

2. What is your educational background? List any special training, biblical studies or educational experience.

3. What are your strengths?

4. What are possible areas of weakness?

5. What personality types do you have difficulty working with?

6. How do you resolve conflict\disagreement?

GENERAL INFORMATION

1. Are you currently employed? If so, please list your employer's name and the days and hours you work, the telephone number, and if we may call you there if necessary.

2. How did you hear about Pregnancy Resource Center East?

3. What is your reason for getting involved in Pregnancy Resource Center East?

4. What other ministries or organizations have you either been a lay counselor for or been involved with?

5. How does your spouse/family feel about this involvement?

6. Have you ever counseled a woman who was considering an abortion? Yes No
Please explain:

7. Have you ever known a single mother? Yes No
What were your feelings about her situation?

8. Have you ever had an abortion? Yes No
Please explain:

a. If yes, would you be willing to go through a Bible study for Post Abortive people?
Yes No

b. Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?

_____ Never an option

_____ Life of the mother

_____ In cases of rape/incest

_____ In cases of extreme psychological stress

_____ Other (Please explain)

c. Knowledge of abortion risks

_____ Excellent _____ Good _____ Fair _____ Poor

d. Knowledge of existing laws regulating abortion

_____ Excellent _____ Good _____ Fair _____ Poor

9. Please list any books, films or other materials that you have read or viewed that relate to abortion.

10. How do you feel about a single woman parenting her baby?

11. How do you feel about a woman placing her baby for adoption?

12. Are you currently seeking to adopt a child? Yes No

13. When do you feel sexual intercourse is morally permissible?

14. What are your feelings regarding birth control for teenagers or adults who are single?

15. What advice would you give regarding birth control for single persons who are sexually active?

CHRISTIAN WALK

1. Do you consider yourself a Christian? Yes No

If yes, please explain what it means to be a Christian.

2. How long have you been a Christian? Please give a brief statement (testimony) about how you came to Christ as your personal Lord and Savior.

3. How has your life changed since your personal relationship with Jesus Christ began?

4. Which church do you attend? _____

Denomination _____

Address _____

Pastor's Name _____

Phone: _____

5. How long have you been involved at your church?

Are you currently involved in a Bible study? Yes No
If yes, how long?

6. Do you have a daily devotional time? Yes No
Briefly describe.

7. Volunteering at the Pregnancy Resource Center East is spiritual warfare. How do you feel you will personally deal with this?

REFERENCES

Please list the name of your Pastor and the names and addresses of two other people we may contact for references.

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

*A criminal background check will be conducted for all prospective PRCE volunteers, board members and staff

AREAS OF COMMITMENT

To help find your place in this ministry, please check all the areas of work that interest you (put a check by the ones that interest you most).

[ALL POSITIONS REQUIRE A MINIMUM 6-HOUR WEEK COMMITMENT]

- | | |
|----------------------------|---|
| _____ Receptionist | (First contact clients have with the center; is the guard at the gate; conducts short interviews by phone with clients; ministers as appropriate to clients in need; routes: calls, clients, and staff to needed areas) |
| _____ Client Advocate | (Maximum contact with clients AFTER EXTENSIVE TRAINING; opportunity to encourage women in unplanned pregnancies; opportunity to share Jesus) |
| _____ Hope Store Care | (Handle donated clothing and other items, help with Hope Store appointments) |
| _____ Hope Program Teacher | (Teach a one-hour class between 5pm and 7pm on Tuesday nights) |
| _____ Hope Program Aid | (Helper on Tuesday evenings and/or Thursday evenings) |

_____ Hope Program Child Care (Tuesday evenings and/or Thursday evenings)

_____ General Office (Once a week to do office work)

_____ Ultrasound Technician (Once a week to do client ultrasound. Must be a trained doctor, nurse, or sonographer or with appropriate medical background)

If you are interested in working, please check as many as you like, but indicate your preference – we will try to schedule you accordingly:

Monday CLOSED

Tuesday 9 a.m. – 3 p.m. _____ OR 11 p.m. to 5 p.m. _____ OR 1:30 to 7:30 p.m. _____

Wednesday 9 a.m. – 3 p.m. _____ OR 11p.m. to 5 p.m. _____

Thursday 9 a.m. – 3 p.m. _____ OR 11 p.m. to 3 p.m. _____ OR 2 p.m. – 8 p.m. _____

Friday 9a.m. – 3 p.m. _____ OR 11 p.m. to 3 p.m. _____

Saturday 9 a.m. – 12 noon _____

Thank you for taking time to fill out this application. Please email completed application to prcebaytown@gmail.com or drop off in-person at the center. Once we have reviewed your application, the center director will arrange a time for an interview.

**Return application prcebaytown@gmail.com or in-person at
PREGNANCY RESOURCE CENTER EAST
1610 JAMES BOWIE DR. STE. B108
Baytown, TX 77520
281-427-2273**