**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:

1. If yes, would you be willing to go through a Bible study for Post Abortive people? Yes No
2. 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)

1. Knowledge of abortion risks

\_\_\_\_\_\_\_Excellent \_\_\_\_\_\_\_Good \_\_\_\_\_\_\_Fair \_\_\_\_\_\_\_Poor

1. 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.

Name of your Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*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 4-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, Hope store

closet for clients to use)

\_\_\_\_\_\_\_\_ Hope Program (Teach a one-hour class between 5pm and 7pm

Teacher on Tuesday nights)

\_\_\_\_\_\_\_\_ Hope Program (Helper on Tuesday nights and/or Wednesday

Aid afternoons)

\_\_\_\_\_\_\_\_ Hope Program (Tuesday evenings and/or Thursday evenings)

Child Care

\_\_\_\_\_\_\_\_ General Office (Once a week to do office work)

\_\_\_\_\_\_\_\_\_ Ultrasound Technician (Once a week to do client ultrasounds. 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. – 1 p.m. \_\_\_\_\_ OR 12 p.m. to 4 p.m. \_\_\_\_ OR 4:30 to 7:30 p.m. \_\_\_\_

Wednesday 9 a.m. – 1 p.m. \_\_\_\_\_ OR 12p.m. to 4 p.m. \_\_\_\_

Thursday 9 a.m. – 1 p.m. \_\_\_\_\_ OR 12 p.m. to 4 p.m. \_\_\_\_ OR 4 p.m. – 8 p.m. \_\_\_\_

Friday 9a.m. – 1 p.m. \_\_\_\_\_ OR 12 p.m. to 4 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**](mailto: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.**

**PREGNANCY RESOURCE CENTER EAST**

1610 JAMES BOWIE DR. S108Baytown, TX 77520 **|** 281-427-2273