



(For Office Use Only)

Interview: _____
Orientation: _____
CBC: _____
Start Date: _____
Placement: _____

906-786-7474

2501 1st Avenue North

Escanaba, Michigan 49829

VOLUNTEER APPLICATION

Name: _____ Phone: _____
Last First Middle Home Cell Work

Address: _____
Street City State Zip Code

Email: _____ Maiden Name: _____

Date of Birth: Month _____ Day _____ Year _____

Occupation: _____ Employer: _____

Marital Status: _____ Spouse's Name/Occupation: _____

Number of Children: _____ Ages: _____
If Applicable If Applicable

Have you previously worked/volunteered at a pregnancy help center? If yes, please provide the name of the center and dates worked: _____

How did you hear about Pregnancy Services of Delta County: _____

Education: High School: _____ Year graduated: _____
College Graduate: _____ Degree earned: _____
Current student: _____ School: _____

Work experience: Name/Address of organization _____
Name/Phone of supervisor _____
Job title: _____ Job duties: _____
Dates employed: _____

CHRISTIAN COMMITMENT

Pregnancy Services of Delta County is an interdenominational organization. Describe how you would interact with others whose doctrines differ from your own:

Please tell us about your relationship with God

Personal References

Please provide us with the names of three individuals (other than family) that we may contact for a personal reference.

Name	Address/Email	Relationship	Phone
Name	Address/Email	Relationship	Phone
Name	Address/Email	Relationship	Phone

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Pnone: _____

Do you have any conditions that would affect your ability to perform your volunteer duties or that Pregnancy Services should know about? If so please explain:

Church Reference: _____

Pastor's Name	Church Name	Address	Phone
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How long have you attended? _____ In what ways are you involved at your church?

Criminal Record:

Have you been convicted of a criminal offence within the past 7 years? If yes, please indicate the nature of the offence, date, court and disposition:

Are you volunteering to satisfy a court-related probation? If yes please explain?

Are there any legal charges pending against you? If yes please explain?

I seek to volunteer for civic, charitable or humanitarian reasons. I agree to perform volunteer services without promise of compensation or other benefits. I agree that as a volunteer I am subject to the policies, rules and regulations of Pregnancy Services including obligations regarding client confidentiality. I authorize Pregnancy Services of Delta County to conduct a Criminal Background Check on me. I understand that this information will be used to determine my eligibility for a volunteer position. I certify that the statements made in this volunteer application are complete and true to the best of my knowledge.

Signature of Applicant	Date
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Under 18 years of age: I give my permission for my son/daughter to volunteer at Pregnancy Services of Delta County.

Parent/Guardian Signature

Relationship to Applicant

Pregnancy Services of Delta County Volunteer Interest Form

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Home _____ Cell _____

Email: _____

Name of your local church: _____

I would like to receive the Pregnancy Services newsletter by: Email: _____ Mail: _____

If you are able to volunteer, please fill out the following:

When are you available: (day of the week, am/pm) _____

How often: (regular schedule) _____ (contact as needed) _____

Please check the area in which you would be most interested:

Administrative

_____ Mailings/Newsletters

_____ Data entry

_____ Board Member

_____ Receptionist

_____ Social Media management

_____ Website development/maintenance

Mission Advancement & Special Events

_____ Special events committee

_____ Walk for Life

_____ Fundraising Banquet

_____ Assist at special events

_____ Church liaison

_____ Grant writing

_____ Prayer Team (Pray for clients and Ministry)

Maintenance

_____ General repair

_____ Snow removal

_____ Cleaning weekly

_____ Outdoor Spring cleaning

Client Services

_____ Client Advocate (peer counseling)

_____ Parent Educator (parenting classes)

_____ Resource Room

_____ NFP/Sexual Integrity

_____ Adoption Support

_____ Post Abortive Support

_____ Pregnancy Loss Support

**Please complete and return this form to
Pregnancy Services of Delta County, 2501 1st Ave. N., Escanaba MI, 49829
or email: directorofpsdc@gmail.com**