



906-786-7474 Ext. 105
2501 1st Ave. North
Escanaba, MI. 49829

(For Office Use Only)

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

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 (if applicable): _____ Age(s) (if applicable): _____

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

How did you hear about Pregnancy Services of Delta County?

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

- Work Experience:**
1. Name/address of organization: _____
 Name/phone of supervisor: _____
 Job title: _____ Job duties: _____
 Dates employed: _____
 2. 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: _____
Physician's Name: _____ Phone: _____

Do you have any medical conditions that would affect your ability to perform your volunteer duties or that Pregnancy Services should know about? No _____ Yes _____ If yes, 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 church? _____

CRIMINAL RECORD

Have you in the last seven years been convicted of a criminal offense? If yes, indicate nature of offense, date, court, and disposition.

Are you volunteering to satisfy a court-required 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 to verify any and all of the information provided on this application. I also 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

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

Parent/Guardian Signature

Relationship to Applicant

Pregnancy Services of Delta County Sign-Up

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Phone: (home) _____ (cell) _____

Email address: _____

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? (e.g. day of week, day/evening)

How often? regular schedule, or be contacted as needed

Please check the opportunities you would be most interested in:

Administrative

- Mailings/Newsletters
- Data Entry
- Board Member
- Receptionist
- Social Media Management
- Website development/maintenance

Maintenance

- Gardening and yard work
- Snow removal
- Cleaning Weekly
- Spring Cleaning
- General repair

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)

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 our Client Services and Volunteer Coordinator,
Jamie Fisher at Pregnancy Services of Delta County**

2501 First Avenue North Attention: Jamie Fisher or email jl.fisher1983@gmail.com