



PRELIMINARY VOLUNTEER APPLICATION

Date _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Zip Code: _____

Email Address: _____

Occupation: _____

Employer: _____ Work Hours: _____

Birth Date: _____ Marital Status: Married _____ Single _____

Widowed _____ Divorced _____ Separated _____

Field of working experience: _____

Previous volunteer experience: _____

Why would you like to be a Pregnancy Center volunteer? _____

How would you like to volunteer for A Woman's Choice? (see descriptions on back)

Client Advocate (peer counselor) _____ Office Receptionist/Aide _____

Sorting Donations _____ Baby Shower Host _____

Family Coach _____ Church Liaison _____

Other (please explain) _____

What specific gifts/skills would you like to use to serve at A Woman's Choice? (eg. bookkeeping, construction/fix-

it, grant writing, legal counsel, event planning, anything!) _____

Name of your church: _____ Are you a member? _____

Are you in weekly attendance? _____ How long have you been a Christian? _____

How do you know that you are a Christian? _____

Are there any circumstances when you would consider abortion an option? _____

Explain: _____

