

VOLUNTEER APPLICATION
Alpha House Pregnancy Resource Center

Date _____

Name _____ Birthday _____
Present Address _____ Home Phone _____
Cell Phone _____ Work Phone _____ E-Mail _____

FAMILY INFORMATION

Single Married Widowed Divorced

Spouse _____ Children (names & ages) _____

EDUCATIONAL INFORMATION

Educational Level (Circle Last Year Completed)

High School 9 10 11 12 GED College 1 2 3 4 Major _____
Vocational Training _____ Graduate 1 2 3 4 Major _____

HEALTH

Condition of Health: **Physical Limitations:**
Have you ever had any serious or prolonged illnesses or operations? Yes No
If yes, Please explain:

Have you ever received treatment for:
Heart disease Alcoholism Drug Addiction Nervous Disorder
Dates:
Number of working days lost in past 12 months due to illness: _____
No treatment for any diseases listed _____
Describe your use of tobacco products and alcohol consumption _____

Are you currently under a physician's care? Yes No
If yes, explain: _____

In case of emergency, who should we contact? Name _____
Address _____ Phone _____

EMPLOYMENT

Business Name: _____ Address: _____
Supervisor: _____ Phone: _____
From _____ To _____ May we contact? Yes No
Position Held/ Responsibilities _____

CHRISTIAN COMMITMENT

Do you consider yourself to be a Christian? Yes No Undecided Please Explain:

Write a brief testimony of your relationship with Christ.

Do you know your spiritual gift? Yes No If yes, please explain.

How do you feel about addressing the spiritual needs of the clients?

Please provide the following information on your local church:

Church Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Church Denomination: _____ Pastor's name: _____

May we call your pastor for a reference? Yes No

Please describe positions held/services performed with the church. _____

GENERAL INFORMATION

Describe your personality: (people oriented or task oriented)

What are your hobbies / interests?

Briefly describe your goals?

What kind of person are you most likely to help?

What age do you enjoy working with the most?

What kind of person easily irritates you?

Have you had experiences in dealing with young people in crisis? If yes, explain.

Have you had experiences that could hinder or strengthen your work as an Alpha House Volunteer? If yes, please explain.

Describe experiences you have had with unwed mothers, crisis pregnancies, adoptions, and /or abortion.

Explain how you feel about abortion as a solution for an unplanned pregnancy?

Explain how you feel about an unwed mother parenting her baby?

Explain how you feel about adoption as an option for an unplanned pregnancy?

INVOLVEMENT

I would like to consider becoming an Alpha House volunteer by assisting in the following area(s):

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy Counselor (pregnancy tests) | <input type="checkbox"/> Crisis Phone Counselor |
| <input type="checkbox"/> Mentor to Expecting Clients | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Sonographer | <input type="checkbox"/> Education Team |
| <input type="checkbox"/> Community Projects / Special Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Light House Keeping | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Bible Study Leader | <input type="checkbox"/> Board Member |

I can work _____ hours per week / month.

I would prefer _____ evenings _____ afternoons _____ mornings on the following days. Please circle. Monday Tuesday Wednesday Thursday Friday Saturday

When would you be available to start work?

A misrepresentation of this application may be, at the ministry's option, grounds for terminating any volunteer.

PLEDGE OF CONFIDENTIALITY

I, THE UNDERSIGNED, volunteer worker of the Alpha House Pregnancy Resource Center, recognize the serious and personal nature of this Christian ministry, and committing myself to the disciplines required, do hereby promise and covenant that:

- 1. Under no circumstances will I disclose to any individual not connected with Alpha House Pregnancy Resource Center, the identity of any caller or information about any caller without his or her expressed permission, unless legally compelled to.**
- 2. I will share upon request any information about a caller with persons in Alpha House Pregnancy Resource Center ministry who have consulting and Supervisory function over my work.**
- 3. In the event of my withdrawal or resignation, I will continue to hold in strictest confidence all information related to the work of this ministry.**

Signed: _____

Date: _____

VOLUNTEER AGREEMENT

Recognizing that AH is an evangelical ministry; I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. The new birth accomplished by the Spirit of Christ within me has manifested itself in a lifestyle that is holy and pleasing to the Lord. I have read the AH Statement of Faith and am in complete agreement with all statements in it.

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for any woman facing a crisis pregnancy. I will at no time participate in any action which results in the destruction of innocent human life.

I accept the responsibility to act as advocate on behalf of the women under my care; to give accurate information, emotional support, and spiritual guidance. All information on AH clients will be kept in the strictest confidence. I will continue to keep the information confidential even after I am no longer a volunteer for AH.

Understanding the vital role volunteers play in the work of AH, I do commit myself to faithfully serve (hours). Additionally, I will attend volunteer meetings.

I have read, understand and agree with the AH Statement of Principle and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and Director of AH.

Signed: Volunteer _____ Date _____

Signed: Alpha House Director _____ Date _____