

Hannah Pregnancy Resource Center

Confidential Application for Volunteers

Date _____ Email _____

Name _____ Address _____

City _____ Zip _____ Phone _____ / _____

Age _____ Marital Status _____ Birthdate _____

Occupation _____

Previous Occupations (if any) _____

Previous Volunteer Experience (if any) _____

1. Do you consider yourself a Christian? Yes _____ No _____

2. What is a Christian? _____

3. When did you become a Christian? _____ Please share the circumstances that led you to become a believer. _____

4. Share the areas of Christian growth and maturity that have resulted since your conversion:

5. Please provide the following information on your local church:

Church name _____ Address _____

City _____ Zip _____ Pastor's Name _____

Phone _____ Protestant or Roman Catholic? _____

Describe positions held/services performed within the church _____

May we call on your pastor for a reference? Yes _____ No _____

6. Please provide the following information about yourself.

What is the extent of your formal education? _____

Areas of concentration _____ List any special training,

Biblical studies, or educational experiences: _____

7. Briefly state why you are interested in volunteering at the HPRC _____

How does your spouse/family feel about this involvement? _____

8. What special gifts, talents, or personality traits do you bring to this ministry? _____

9. Have you ever counseled a woman who was considering an abortion? Yes _____ No _____

Explanation _____

Have you ever had any traumatic experiences related to an abortion Yes _____ No _____

Explanation _____

Have you ever know an unwed mother? Yes _____ No _____

Explanation _____

Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

Never an option _____

In cases of rape/incest _____

In cases of extreme severe psychological distress _____

Other _____

10. **Personal Abortion Knowledge:** In this section, please make a general evaluation of your knowledge in the following areas:

- a. Knowledge of how abortions are performed/methods used to perform abortions:
excellent_____ good_____ fair_____ poor_____
- b. Knowledge of the existing laws regulating abortion:
excellent_____ good_____ fair_____ poor_____
- c. Knowledge of what the bible teaches (directly or indirectly) about abortion:
excellent_____ good_____ fair_____ poor_____

Please list any books, films, videos, or other materials that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion:

Which of the following areas are you interested in serving?

_____ **Pregnancy Decision Advocate**

_____ **Teen Abstinence Education/Peer Support Groups**

_____ **Earn While You Learn Parenting Classes**

_____ **Adoption Support Programs** (For Adoption Minded Clients)

_____ **Post-Abortion Healing Bible Study Leader**

_____ **Fundraising**

_____ **Other** _____

I understand that, as a volunteer at Hannah Pregnancy Resource Center, I am not covered by the organization's workman's compensation insurance coverage in the unlikely event of an injury I may sustain while fulfilling my volunteer duties.

Applicant's Signature: _____ Date: _____

HPRC Rep Signature: _____ Date: _____

THANK YOU FOR YOUR INTEREST!