

Volunteer Application



Contact Information

Name	
Street Address	
City, State, Zip	
Home/Cell Phone	
Email Address	
Birthday	
Church	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Personal Belief

How long have you been a Christian? _____

Briefly explain what it means to be a Christian and how your life has changed since your accepted Jesus? _____

How often do you spend time in the Word? Once a day _____ Once a week _____ Never _____

While volunteering at CPC, you may experience spiritual warfare. How do you feel you will personally deal with this? _____

Personal Views & Knowledge

What are your views regarding birth control and single people who are sexually active? _____

When do you feel sexual intercourse is permissible? _____

Has anyone in your close circle of friends/family experienced an unplanned pregnancy? Yes ___ No___ (If yes, explain)

Have you had a personal abortion experience? Yes _____ No _____ (If yes, have you been through abortion recovery counseling?) _____

Have you ever counseled a woman considering abortion? Yes _____ No _____ (If yes, explain) _____

Please make a general evaluation of your knowledge of abortion procedures, risks, laws, etc.:

Excellent _____ Fair _____ Poor _____

How do you feel about a woman making an adoption plan? _____

A) Are you currently seeking to adopt a child? Yes _____ No _____ Undecided _____

How do you feel about a single woman parenting her baby? _____

Personal Strengths & Background

What are your personal strengths? _____

What are possible areas of weakness? _____

What personality types do you have difficulty working with? _____

How do you resolve conflict/disagreements? _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a sex-related crime? Yes _____ No _____

If yes to either of above questions, please explain: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment or through other activities, including hobbies.

Previous Volunteer Experience

Summarize your previous volunteer experience, including any volunteer role in the pro-life movement.

References

Please list information for one friend and for your pastor (or spiritual mentor) that we may contact for references:

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Person to Notify in Case of Emergency

Name	
Home/Cell Phone	
Work Phone	
Email	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I have also read CPC's Statement of Faith and Principles and agree with their purpose. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us! Please mail or scan this form and your volunteer orientation registration form back to us. Thank you!

CPC of Tidewater
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Chesapeake, VA 23320
karen@cpcot.org