



Interview Date:	_____
Approved:	_____
Given By:	_____
Start Date:	_____

**CONFIDENTIAL INTERVIEW**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Single  Married Anniversary Date \_\_\_\_\_  
Children's Names and Ages \_\_\_\_\_

Spouse's Name \_\_\_\_\_ DL# \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Hm Phone(\_\_\_\_) \_\_\_\_\_ Wk Phone(\_\_\_\_) \_\_\_\_\_

**REFERRAL SOURCE**

Friend  Relative  Church  School \_\_\_\_\_  Other \_\_\_\_\_

**GENERAL QUESTIONS**

Why would you like to be involved as a Pregnancy Help Center volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your spouse/family feel about your involvement with this ministry? \_\_\_\_\_  
\_\_\_\_\_

List three of your strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three areas in which you need to improve: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently struggling with any medical or psychological issues that would prohibit you from performing your duties as a volunteer at Pregnancy Help Center?  YES (if yes please explain)  NO

Under what circumstances would you consider abortion an option for a pregnancy?

Never  Pregnant Youth (11 Yrs)  Rape  Incest  
 Life of Mother  Drug Addiction  Fetal Deformity  Severe Psychological Stress

**EXPERIENCE**

Your last/current employer \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

May we contact your last/current employer for a reference?  YES  NO

List any type of Christian work, volunteer experience or other information relevant to a volunteer position.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience with an unwed mother?  YES  NO

Do you have any experience with adoption?  YES  NO

Have you ever counseled a woman who was considering abortion?  YES  NO

Have you or someone close to you ever had an abortion?  YES  NO

If yes, are you willing to share this story with the Director of the center?  YES  NO

**REFERENCES**

Local church/fellowship \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor/spiritual leader \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(someone familiar with your Christian walk)

May we contact your pastor for a reference?  YES  NO

Give three other references (not family) who are familiar with your Christian walk and have known you for three or more years. Mailing addresses are necessary.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VOLUNTEER AVAILABILITY**

Position/Area Interested In: \_\_\_\_\_

Are you willing to volunteer on a weekly basis for at least one year?  YES  NO

If yes, please fill in the times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	

**SPIRITUAL INVENTORY**

Define what a Christian is:

\_\_\_\_\_

\_\_\_\_\_

How would you lead someone to Christ?

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe your salvation experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been convicted of a crime other than a minor traffic offence (including while in the military)? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

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**Applicant's Certification and Agreement**

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Pregnancy Help Center to verify their accuracy and to obtain reference information on my work performance and character. I give permission to Pregnancy Help Center to conduct a criminal background check to the extent that the position for which I am applying may involve interaction with minors. I release Pregnancy Help Center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decision relating to my volunteer position at Pregnancy Help Center made based upon such information. I understand that, if I am granted a position, any falsified statements or omissions of material information on this application may lead to my prompt dismissal. If I am offered and accept a position, I agree to fully adhere to the policies and rules of Pregnancy Help Center. However, I understand that neither the existence of such policies and rules nor anything said during may interview process shall be deemed to create and express or implied contract. I UNDERSTAND THAT ANY POSITION THAT MAY BE OFFERED TO ME WILL BE FOR AN INDEFINITE DURATION AND ON AN AT WILL BASIS. I understand that either Pregnancy Help Center or I will have the right to terminate any such volunteer position at any time with or without notice or cause.

I further certify that I have read and that I am in full agreement with Pregnancy Help Center of Statement of Faith and Statement of Principle.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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