

SALEM PREGNANCY CARE CENTER

1342 Westgate Center Drive
Winston-Salem, NC 27103
Phone: 336-760-3680 • Fax: 336-760-3674

CONFIDENTIAL VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name:	Date of Birth:	Date:
Address:	City/State/Zip:	
Phone: Hm:	Wk:	Cell:
E-mail address:	Marital Status:	
Occupation & Employer:	Previous Occupation & Employer:	
Husband's Name:	Children('s) Names:	

CHRISTIAN WALK

1. Are you a Christian: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long have you been a Christian?
2. Please explain what it means to be a Christian:	
3. Briefly give your testimony (if needed, use additional sheet of paper):	
4. Does your current lifestyle reflect Biblical principles? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
5. Which church do you attend?	
6. How long have you been involved at this church?	
7. Previous church & address (if less than 2 years in current church):	
8. Pastor's Name:	
9. Church Address (street, city, zip):	
10. Describe positions held/services performed within the church:	
11. Are you currently involved in a Bible study? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you have a consistent devotional/prayer time? <input type="checkbox"/> Yes <input type="checkbox"/> No

TRAINING/GIFTS

1. How do you know that God is leading you to this ministry?
2. What special gifts, talents, or personality traits will you bring to this ministry?
3. What is the extent of your formal education?
4. List any special training, areas of concentration, Biblical studies, or educational experiences:
4. What are your strengths?
5. What areas need improvement or growth?
6. What personality types do you have difficulty working with?

GENERAL INFORMATION

1. How did you hear about Salem Pregnancy Care Center?
2. I am interested in volunteering in the following areas:
 Counseling Leading Bible Study Administrative Support Data entry
 Sorting clothing Providing childcare for classes Cleaning the center Yard work
 Distribute materials Transportation Client Mentor Library duties
 Other (please explain):
3. How does your spouse/family feel about your involvement with Salem Pregnancy Care Center?
4. Have you ever counseled a woman who was considering an abortion? Yes No
If yes, explain:
5. Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?
 Life of the Mother Rape/Incest Never an option Other, please explain:
6. Have you personally experienced abortion? Yes No
If yes, explain and include any counseling you may have had:

7. How do you feel about a single woman parenting her baby?
8. How do you feel about a woman placing her baby for adoption?
9. Are you currently seeking to adopt a child? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. When do you feel sexual intercourse is morally permissible?
11. How do you feel about sexually active teenagers and single adults using birth control?
12. Do you have a criminal record (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and details (use other side if necessary):

REFERENCES

Please list the name and, complete addresses of a Christian leader who knows you well and two other persons who have known you at least one year.

Name:	
Address:	
City\State\ZIP:	
Phone:	Email:
Relationship:	
Name:	
Address:	
City\State\ZIP:	
Phone:	Email:
Relationship:	
Name:	
Address:	
City\State\ZIP:	
Phone:	Email:
Relationship:	

If you have any questions or concerns regarding your answers for this application, please do not become discouraged. We encourage you to contact the Client Services Director or Client Services Assistant to discuss. Remember: we are all a work in progress.