



# Cecil Pregnancy and Family Resource Center Volunteer Application

- Office
- Counselor
- Board Member

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: \_\_\_\_\_(home) \_\_\_\_\_(work) \_\_\_\_\_(cell/other)

E-Mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Church Name and Affiliation: \_\_\_\_\_

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## Work Experience:

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Employer: \_\_\_\_\_

What are your responsibilities? \_\_\_\_\_

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## Volunteer Experience:

Is this your first experience as a volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please list your previous volunteer experience:

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## Interest:

How did you hear about Cecil Pregnancy and Family Resource Center?

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What is your reason for getting involved in the Center?

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**Personal Experience:**

Under what circumstances would you consider abortion as an alternative for a woman in a crisis pregnancy?  Never an option  In cases of severe psychological trauma  
 In cases of rape or incest  Other: \_\_\_\_\_

Have you counseled a woman who was considering abortion?  Yes  No

What are your feelings on adoption? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your current position on birth control AND your ability to be open to further education on the subject if needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Training / Gifts**

What special gifts, talents or personality traits do you bring to the Center?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your educational background? List any special training or educational experience.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your strengths?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are possible areas of weaknesses?  
\_\_\_\_\_  
\_\_\_\_\_

What personality types do you have difficulty working with?  
\_\_\_\_\_  
\_\_\_\_\_

How do you resolve conflicts or disagreements?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Complete this section only if applying to volunteer as a member of the Board of Directors.***

What do you think is the most important job of a board member and why?

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Will you commit to attend the required board meetings, as well as assist with the Annual Fundraising Banquet and other duties as they arise? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### **References**

Please list the name of your clergy and two other people (not related to you) that we may contact.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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*We believe and teach the clients served by Cecil Pregnancy and Family Resource Center in the fidelity within the covenant of marriage between a man and a woman. We believe that all singles or unmarried people shall live a life of chastity. Each board member, staff or volunteer of CPFRC shall also live their life according to this standard.*

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### **MISSION STATEMENT**

“The Cecil Pregnancy and Family Resource Center is a Christian organization committed to upholding the sanctity of human life by demonstrating the love of Christ to pregnant women, as well as to families caring for young children. We affirm the biblical view of life, sex, marriage and family by providing life-affirming support, education, referrals and material assistance in times of needs.”

***I am in agreement with the Mission of the Cecil Pregnancy and Family Resource Center and I agree to uphold the principles inherent within. I commit to a lifestyle of sexual integrity and life-affirming values.***

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Applicant Signature

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Date

***Thank you for taking the time to complete this application.***