



Cecil Pregnancy and Family Resource Center Volunteer Application

Today's Date:

About You:

Name:

Birthdate:

Are you a US Citizen? ☐ Yes ☐ No

Address:

(street)

(city)

(State)

(zip)

Phone:

(home)

(work)

(cell)

Email address:

(Email) *Please check your preferred contact method(s)*

Marital status:

Name of Spouse:

Emergency Contact Name/Relationship/Phone:

Church Name and Affiliation:

Experience:

Are you currently employed? ☐ Yes ☐ No

Name of current or most recent employer:

List your responsibilities:

Is this your first experience as a volunteer? ☐ Yes ☐ No

If not, list previous volunteer experience(s). Include organization name, contact & responsibilities.

List your primary language and any other languages you speak/write.

Skills & Interests:

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

What is your reason for getting involved in the Center?

What type of volunteer work would you like to do? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Rolling Coins |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Sanitizing Toys |
| <input type="checkbox"/> Bulk Mailing Prep | <input type="checkbox"/> Medical: Pregnancy Testing | <input type="checkbox"/> Social Media Posts |
| <input type="checkbox"/> Bundling Diapers | <input type="checkbox"/> Medical: Ultrasound | <input type="checkbox"/> Sorting Clothing |
| <input type="checkbox"/> Checking Manufacturer Recalls | <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> Writing Thank-You Cards |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Public Relations / Speaking | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Clerical / Data Entry | <input type="checkbox"/> Receptionist | |

Other:

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 weakness?

What personality types do you have difficulty working with?

How do you resolve conflicts or disagreements?

Personal Experience & Beliefs:

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?

Availability:

Which months are you available to volunteer? Check all that apply.

☐ January

☐ February

☐ March

☐ April

☐ May

☐ June

☐ July

☐ August

☐ September

☐ October

☐ November

☐ December

How many hours are you available for volunteer work? and at what frequency?

Which days are you available to volunteer? Check all that apply.

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Please list any physical limitations that may impact your volunteer activities.

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?

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

References:

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

1. Clergy name: Phone:

Mailing Address:

2. Name: Phone:

Mailing Address:

3. Name: Phone:

Mailing Address:

We believe in and teach the clients served by Cecil Pregnancy and Family Resource Center 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.

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.

Applicant Signature

Date

Notice to Applicant: By signing this application the applicant understands she/he may be subject to a reference check, background check, and/or criminal history inquiry.

Thank you for taking the time to complete this application.