

JUNEAU PREGNANCY RESOURCE CENTER

VOLUNTEER APPLICATION

Applicant Information

Last Name	First Name and Middle Initial
Address	City, State, Zip
Telephone Number(s)	Email Address
In Case of Emergency Contact Name	Relationship and Phone Number
Maiden Name (or former name)	Date of Birth

Personal References (Please no relatives)

NAME	MAILING ADDRESS	PHONE	OCCUPATION	RELATIONSHIP
				Pastor

List any education, experience, certifications, gifts, talents or other training relevant to this volunteer position. (Experience not required for position).

What is your stand on abortion?

Have you had an abortion? _____

If yes, have you been through counseling for aftereffects of the abortion?

What position(s) are you interested in volunteering for?

What is your reason for wanting to be involved?

What time commitment can you give to JPRC? What days of the week, time of each day, hours per week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM					
PM					

Applicant Statement

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I have read, agree to, and will comply with the Statement of Faith and the Principles and Procedures in its entirety. I understand that this volunteer application is not valid without my signature.

Print Name:
Signature and Date:

Give the reference form to your Pastor and two acquaintances to be returned to Juneau Pregnancy Resource Center, PO Box 34992, Juneau, AK 99803.

Background Check

Have you ever been charged, convicted of, or pled guilty to a crime related to child abuse or other crime of violence?

Do you currently have any criminal actions pending in which you are the Defendant?

Are you currently on probation or parole?

If you answered "YES" to any question above, please explain the nature of the offense and provide the date of the offense and place in which it occurred.

Juneau Pregnancy Resource Center will be doing a background check on you before you can volunteer in the Center. We will submit your name and e-mail address to the company and they will email you for your social security number and other needed information. They will send us the background check results but will not include your personal information for your security.

Applicant Statement:

I certify that this application for a background check was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that by signing this form I agree to Juneau Pregnancy Resource Center running my background check.

Print Name

Signature and Date

VOLUNTEER REFERENCE FORM

REFERENCE FOR: _____

The above named volunteer has made application to be a volunteer worker for Juneau Pregnancy Resource Center, Inc. A volunteer will be working in at least one of the following areas of ministry: Hotline, Support Classes, Special Events, Administration, Counseling, Board Member, EWYL(Earn While You Learn) Store.

Some of the qualities sought for in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their lives.
2. Be dependable, responsible and willing to give of themselves to those individuals with whom they work.
3. Be steadfast and have an unshakable confidence in the Word of God, and an ability to communicate its truth.

We have asked each applicant to supply us with three references: one from their pastor and two from a people who know them. Would you please answer the questions below and write a short paragraph on the back describing the applicant with reference to the brief description of a volunteer as outlined above.

How long have you known the applicant? _____

What is your relationship to him/her (Pastor or Friend) please no relatives?

How would you rate the applicant?

	Average	Above Average	Excellent
Dependability			
Spiritual Maturity			
Communication			
Initiative			

Describe the applicant with reference to the brief description of a volunteer referenced on page one.

Signature

Date

Phone

**Do not return to applicant, mail to : Juneau Pregnancy Resource Center, PO Box 34992,
Juneau, AK 99803**