



Volunteer Application

Full Name: _____ Date: _____

Phone number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you resided at your current address for the past seven years? Yes No

(If not please list your addresses for the past seven years: City & State

1. _____ Years lived at this address: _____
2. _____ Years lived at this address: _____
3. _____ Years lived at this address: _____

Education:

High School Name & City/State: _____ Diploma GED

Undergraduate College: _____ Major/Minor: _____

Graduate College: _____ Major/Minor: _____

Professional Trade, Business, Technical, or Other: _____

Other job-related training received in the United States Military, military services from other countries, or job-related skills, certificates and qualifications acquired from employment or experience:

Volunteer history:

Previous volunteer service: _____

List any hobbies or specialized skills: _____

Have you ever worked/volunteered in a Pregnancy Care Center before? Yes No

If so, what were your responsibilities? _____

Contact in case of emergency:

Full name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

Family Doctor name: _____ Phone: _____

How did you hear about Birth Choice? _____

Employment history: List two employers beginning with most present or most recent

Company Name: _____ Job Title: _____

Address: _____

Phone: _____ Starting/Final Pay Rate: _____

Supervisor Name: _____ Title: _____

Duties: _____

Reason for leaving: _____

Employment dates: _____ *(If still employed, may we contact your current employer? Yes No*

Company Name: _____ Job Title: _____

Address: _____

Phone: _____ Starting/Final Pay Rate: _____

Supervisor Name: _____ Title: _____

Duties: _____

Reason for leaving: _____

Employment dates: _____ *(If still employed, may we contact your current employer? Yes No*

Please list all professional licenses you hold (include license type, state, number, name & standing):

1. _____
2. _____
3. _____

Foreign Language Skills: Please specify level of proficiency for each: (Basic, Moderate, Fluent):

<u>Language:</u>	<u>Speak:</u>	<u>Read:</u>	<u>Write:</u>
_____	_____	_____	_____
_____	_____	_____	_____

2 professional references (other than family):

Full name: _____ Relationship: _____

Email: _____ Phone: _____

Full name: _____ Relationship: _____

Email: _____ Phone: _____

Criminal matters: Have you ever been convicted of a felony or misdemeanor? Yes No

(Conviction will not necessarily disqualify an applicant)

If yes, please provide date, city & state and details of conviction: _____

(Applicant may omit marijuana-related convictions if such convictions are more than two years old and any information concerning a referral to and participation in any pretrial or post-trial diversion program.)

Volunteer:

Is your service court ordered? _____

Why would you like to be involved with Birth Choice? _____

Are you willing to be trained? Yes No (24 hours of classroom training + 6 days shadowing required)

How much time per week are you interested in volunteering? _____

What days & hours work best for your schedule? _____

Do you have any specific assignment interests? _____

VOLUNTEER APPLICATION ACKNOWLEDGEMENT - READ THOROUGHLY BEFORE SIGNING

This application is submitted with the understanding that you will need to agree with and sign off on the Birth Choice Personnel Handbook and Birth Choice Medical/Insurance Waiver.

I certify that all information contained in this application is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I understand that completion of this application does not constitute an offer or promise to volunteer. I authorize the company to contact my references.

I understand that all Birth Choice information could be sensitive and confidential in nature, and I shall maintain the confidentiality of all information to which I have access.

In the event that my volunteer application is accepted, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the company to withdraw an offer and/or terminate my volunteer status.

My services to Birth Choice are donated without contemplation of future employment and are given with spiritual and humanitarian reasons.

I CERTIFY THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Printed Name: _____

Signature: _____

Date: _____