



Cookeville Pregnancy Clinic Volunteer Application

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____ Birthday: _____ Age: _____

Preferred Method of Contact (circle one): Text Cell – Call Cell – Call Home – Email

Emergency contact name and phone: _____

Marital Status _____ Spouse Name _____ How does your spouse and/or family

Feel about your involvement with the Cookeville Pregnancy Clinic? _____

Education:

Do you have education, training, or biblical study experience that might be helpful with volunteering

at the Cookeville Pregnancy Clinic? _____

Employment:

Are you currently employed? ___ Yes ___ No If so, where? _____

Current position: _____ Is this position full or part time? _____

Do you have any other work experience that might have prepared you to volunteer in a specific

area at the Cookeville Pregnancy Clinic? _____

Previous Volunteer Experience: (if any) _____

Additional Information:

1. What draws you to volunteer at the Cookeville Pregnancy Clinic? _____

2. Please provide the following information concerning your home church:

Name of Church: _____

Positions in which you have served: _____

3. How would your faith affect your volunteer work at the Cookeville Pregnancy Clinic? _____

4. What special skills, talents and gifts would you bring to this ministry? _____

5. Are you bilingual? ___ Yes ___ No If so, what languages do you speak? _____

6. Have you had any personal experiences relating to abortion or counseled someone considering an abortion? ___ Yes ___ No *(If yes, please explain)*

7. Under what circumstances would you consider abortion as an option for a woman with an unintended pregnancy?

- ___ Never an option
- ___ A woman's choice
- ___ In cases of rape or incest
- ___ In cases where the mother's life was at risk
- ___ In cases of extreme psychological distress
- ___ Other (specify) _____

8. Have you ever had any personal experience with an unwed mother? ___ Yes ___ No
(If yes, please explain)

9. Do you have any personal experience with adoption? ___ Yes ___ No
(If yes, please explain)

References:

Please list two references. You may use your pastor or another personal reference.

1. Name: _____ **Relationship:** _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Years acquainted: _____

2. Name: _____ **Relationship:** _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Years acquainted: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts in this volunteer application are true and complete to the best of my knowledge, and I authorize the Cookeville Pregnancy Clinic to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the Cookeville Pregnancy Clinic and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the Cookeville Pregnancy Clinic to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the Cookeville Pregnancy Clinic, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the Cookeville Pregnancy Clinic, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

Signature of Applicant: _____ Date: _____

Thank you for your interest in serving at the Cookeville Pregnancy Clinic and for completing this application. Your personal information will be kept in strictest confidence.

