



*East County Pregnancy Care Clinic*  
*Confidential Volunteer Application*

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Children / Name and age \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

**Education:**

High School: Years Completed (*circle one*) 1 2 3 4 Diploma: \_\_\_Yes \_\_\_No G.E.D.: \_\_\_Yes \_\_\_No

Name of High School \_\_\_\_\_

College/Vocational School: Years Completed (*circle one*) 1 2 3 4 5 6

Name of School \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

Other Training or Degrees: \_\_\_\_\_

**Previous Volunteer Experience:** List most recent volunteer experience first.

Organization \_\_\_\_\_ Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Organization \_\_\_\_\_ Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Organization \_\_\_\_\_ Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Employment History

Employer \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Christian Walk

Do you consider yourself a Christian \_\_\_\_\_ If so, how long have you been a Christian? \_\_\_\_\_

As a Christian, what is the basis of your salvation? \_\_\_\_\_

Please provide the following information concerning the church you currently attend.

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ Pastor's name \_\_\_\_\_

Phone \_\_\_\_\_ Positions served \_\_\_\_\_

ECPC is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would enable you to perform volunteer work at this center. \_\_\_\_\_

## Training/Gifts

What special skills, gifts, talents or personality traits do you bring to this ministry? \_\_\_\_\_

What do you consider to be your possible areas of weakness? \_\_\_\_\_

Are there any particular personality types with whom you have difficulty working? \_\_\_\_\_



Are you currently or have you ever been involved in seeking to adopt a child? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

When do you feel sexual intercourse is morally permissible? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your feelings regarding birth control and teenagers/single adults who are sexually active? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list two personal references that are not related to you and who have known you for at least two years, and one pastoral reference that we may contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Applicant's Certification and Agreement**

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize *East County Pregnancy Care Clinic* to verify their accuracy and to obtain reference information concerning my character and capabilities. I release *East County Pregnancy Care 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. If I become a volunteer at *East County Pregnancy Care 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 *East County Pregnancy Care 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. I certify that I have read and am in full agreement with *East County Pregnancy Care Clinic's Statement of Faith* and *Visionary Statement*.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of application, please mail to:  
East County Pregnancy Care Clinic  
677 S. Magnolia Avenue  
El Cajon, CA 92020

Applications will not be processed until three personal reference letters are received.