

LOCKPORT CARE NET PREGNANCY CENTER

GENERAL VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____

_____ E-Mail _____

Home _____

TELEPHONE: Work _____ AGE _____ BIRTHDATE _____

CHURCH AFFILIATION _____

ADDRESS _____ PASTOR _____

CHURCH POSITIONS IN WHICH YOU HAVE SERVED _____

EDUCATIONAL BACKGROUND _____

OCCUPATION _____

EMPLOYER _____

MARITAL STATUS _____ NUMBER OF CHILDREN _____

WOULD YOUR FAMILY BE SUPPORTIVE OF YOUR INVOLVEMENT ? _____

BRIEFLY STATE WHY YOU ARE INTERESTED IN WORKING WITH LCPC _____

WHAT SKILLS, GIFTS, TALENTS OR PERSONALITY TRAITS DO YOU HAVE
THAT WOULD BENEFIT THIS MINISTRY? _____

WHAT PREVIOUS VOLUNTEER EXPERIENCE DO YOU HAVE ? _____

AS A CHRISTIAN, WHAT IS THE BASIS OF YOUR SALVATION ? _____

PLEASE SHARE A BRIEF TESTIMONY AS TO HOW AND WHEN YOU CAME TO KNOW JESUS CHRIST AS YOUR PERSONAL SAVIOR _____

REFERENCES: (Please list two)

Please list persons who are not related to you and have known you for at least two years.

Name	Address	Phone#	Years Known	Relationship
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 the Lockport Care Net Pregnancy Center to verify their accuracy and to obtain reference information concerning my character and capabilities.

If I become a volunteer at the Lockport Care Net Pregnancy Center, 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 not seek or expect to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the Lockport Care Net Statement of Faith and Statement of Principle.

SIGNATURE OF APPLICANT _____

DATE _____

Written Pastor recommendation is required.