



Volunteer Application

Name (Please Print) _____ **Date** _____

Address _____
Street City State ZIP

Phone (Cell) _____ **Email Address** _____

Date of Birth (without year) _____ **Are you at least 18?** Yes No

Educational Background _____

Occupation (if applicable) _____

Employer (if applicable) _____

Languages Spoken (other than English) _____

Marital Status _____ **Spouse's Name** (optional) _____

Spouse's Place of Employment (optional) _____

Name of the church you currently attend _____

Previous Volunteer Experience(s) _____

How did you hear about the APRC? _____

What sparked your interest in volunteering at the APRC? _____



Have you ever had an experience involving an abortion or unplanned pregnancy? Yes No

If yes, please explain _____

Are there any issues or events in your life that could affect your volunteer work? _____

When are you available to volunteer (e.g. day of the week, hours, frequency, etc.)? _____

Please check the volunteer opportunities you are most interested in pursuing.

Client Services

- Client Advocate Individual Educator Stork's Nest

Clinical Services

- Volunteer Nurse

Mobile Unit

- Volunteer Driver

Outreach

- Marketing Church Liaison Youth Advisory Board