



## 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?** \_\_\_\_\_



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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? \_\_\_\_\_

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

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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