



Greetings!

We are delighted that you have an interest in applying for a volunteer position with Pregnancy Care Center. The enclosed materials will assist you in learning more about PCC, its history and the volunteer requirements.

Enclosed you will find a survey that you will need to fill out in its entirety. We sincerely ask that volunteers be called by God to the ministry of PCC. Because we are a Christian ministry and hold a “beyond reproach” standard, we need to know that you are actively involved in an organized known church in the area. Should you still desire to participate in the ministry after becoming familiar with these materials, please complete and return the enclosed Information Survey.

Participation in our training program is required prior to serving as a “client advocate.” Other volunteer opportunities are available with “on the job” training. Please feel free to call if you have questions about any of the volunteer opportunities available. Also, I would enjoy meeting with you at the center for a tour and to answer any questions you may have about serving in this vital ministry. I look forward to hearing from you!

In His Service,

Client Services Coordinator

*Enclosed:*

*Volunteer Information Survey; Mission Statement; Statement of Faith; Statement of Principle; and Statement on Marriage, Gender, and Lifestyle*

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## VOLUNTEER INFORMATION SURVEY

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Home Phone Work Phone

Email: \_\_\_\_\_

Marital Status:     S    M    Sep    D    W                      Birthdate: \_\_\_\_\_

Driver's License #: \_\_\_\_\_                      Exp. Date: \_\_\_\_\_

Medical License # (if Medical) \_\_\_\_\_                      Exp. Date: \_\_\_\_\_

Dependents: \_\_\_\_\_  
Name Age Name Age  
 \_\_\_\_\_  
Name Age Name Age

***Briefly answer the following questions:***

1. How did you hear about PCC? \_\_\_\_\_

2. Why are you interested in becoming a volunteer at PCC? \_\_\_\_\_

3. Tell us about any previous volunteer experience (if any): \_\_\_\_\_

4. Tell us about any counseling experience (if any): \_\_\_\_\_

5. What special gifts, talents or personality traits would you bring to this ministry? \_\_\_\_\_

6. What are your personal strengths? \_\_\_\_\_

7. What are possible areas of weaknesses? \_\_\_\_\_

8. Are there any personality types you have difficulty working with? \_\_\_\_\_

### AVAILABILITY

1. Occupation: \_\_\_\_\_ # Hrs. Worked Per Week: \_\_\_\_\_

2. Are you a student?  Y  N # of Units Per Semester: \_\_\_\_\_

3. Are you bilingual?  Y  N If yes, what language(s) do you speak? \_\_\_\_\_

4. Would you be able to commit to a four-hour time commitment once a week?  Y  N

Available Shifts:

Monday-Friday	<input type="checkbox"/> 8:30am-12:30pm
	<input type="checkbox"/> 11:00am-3:00pm
	<input type="checkbox"/> 12:30pm-4:30pm
Saturday	<input type="checkbox"/> 10:00am-2:00pm

5. Preferred Day of the Week to Week:  M  T  W  Th  F  S

6. How does your spouse/family feel about this involvement? \_\_\_\_\_

7. Are you willing to view the time commitment and attendance on your scheduled shift with the expectation that you will consistently plan to be there unless illness or unexpected emergency prevents it?  Y  N

8. Do you anticipate any problems with childcare?  Y  N

9. If interested in the HOPE Team, what is your availability?  Days  Evenings  Weekends

NOTE: All events will be assigned with a minimum of two weeks' notice.

10. If you have looked through our "Ministry Opportunities" brochure, what areas of ministry are of interest to you? (select all that apply) *Selection indicates interest, not commitment at this time.*

<input type="checkbox"/> Client Advocate	<input type="checkbox"/> HOPE Team	<input type="checkbox"/> Prayer Ministry	<input type="checkbox"/> Receptionist	<input type="checkbox"/> PASS
<input type="checkbox"/> Nurse	<input type="checkbox"/> Sonographer	<input type="checkbox"/> Mommy Store	<input type="checkbox"/> Class Facilitator	<input type="checkbox"/> Outreach
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Mobile Driver	<input type="checkbox"/> Handyman	<input type="checkbox"/> Church Liaison	

### CHURCH BACKGROUND & BELIEFS

1. Do you consider yourself to be a Christian?  Y  N If so, explain what it means to be a Christian: \_\_\_\_\_

2. When did you become a Christian? \_\_\_\_\_ Give a brief statement about how this came about. \_\_\_\_\_

3. Current Church Affiliation: \_\_\_\_\_
4. How often do you attend?  Weekly  Often  Occasionally
5. Are you presently in a Bible study or participate in an ongoing study of God's Word?  Y  N
6. Are you involved in any other ministries/activities in your church?  Y  N

7. May we contact your reference?  Y  N *(Please list a name that we may contact on one of the lines below)*

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Mentor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Reference  
*(If Medical Applicant)* \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read Pregnancy Care Center's *Statement of Faith* and *Statement of Principle* in the enclosed information.**

8. Are you in complete agreement with them?  Y  N If not, please explain differences: \_\_\_\_\_

9. Are you willing to counsel women using these principles/values?  Y  N

## PERSONAL KNOWLEDGE OF ABORTION

1. What are your views concerning abortion? \_\_\_\_\_

2. Have you had an abortion or any traumatic experiences relating to abortion?  Y  N If so, when? \_\_\_\_\_

Did you receive counseling or attend a Post Abortion Recovery Group?  Y  N

3. Have you ever known an unwed mother?  Y  N

4. Are there any circumstances in which you feel abortion is justified?  Y  N

Rape  Incest  Genetic Handicap  Health  Other \_\_\_\_\_

***Please make a general evaluation of your knowledge in the following areas:***

5. Abortion procedures.  Excellent  Good  Fair  Poor

6. Existing laws regulating abortion.  Excellent  Good  Fair  Poor

7. What the Bible teaches (directly/indirectly) about abortion.  Excellent  Good  Fair  Poor

8. Please list any books, films, or other materials that you have read or viewed that relate abortion, pregnancy, or alternatives to abortion.

## KNOWLEDGE OF TEEN SEXUALITY ISSUES

1. What are your views concerning sex before marriage? \_\_\_\_\_

2. What are your views concerning the idea of teaching teens about birth control methods and condom usage as  
A way of preventing teen pregnancy and reduce the spread of sexually transmitted diseases? \_\_\_\_\_

3. What personal experiences in this area do you bring with you to the HOPE Team and PCC? \_\_\_\_\_

***Please make a general evaluation of your knowledge in the following areas:***

- |   |                                    |                               |                               |                               |
|---|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 4. Sexually Transmitted Diseases.                         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 5. Condom failure rates in preventing pregnancy.          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 6. Condom failure rates in preventing the spread of STDs. | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 7. What God's Word teaches about sexual immorality.       | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 8. Rates of teen pregnancy, abortion and adoption.        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 9. Adoption.  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 10. Abstinence trends in the U.S.                         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

***Please use the remainder of this page (and the back) for any additional comments you may wish to make, and mail the completed survey to: 7005 N. Maple Ave. 101-B Fresno CA 93720 or email to***

***[sue@pregnancycenter.com](mailto:sue@pregnancycenter.com)***