

SAVANNAH CARE CENTER

Volunteer Application

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Number & street City State Zip code

Phone #: _____ E-mail: _____

Are you over 18 years old: ___Yes ___No

Have you ever been convicted of a crime? ___Yes ___No

If yes, please explain:

Education

1. High School:

Number of years complete (circle one): 1 2 3 4

Diploma: ___Yes ___No GED: ___Yes ___No

School Name: _____

2. College and/or Vocational School:

Number of years completed (circle one): 1 2 3 4 5 6 7+

School Name(s): _____

Degree(s) Earned: _____ (Date): _____

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Describe other training or degrees: _____

Previous Volunteer Experience (list most recent first)

Organization: _____ Date of volunteer service From _____ To _____
Address: _____
 Number & street City State Zip code
Telephone: _____ Supervisor Name: _____

Position/Duties: _____

Organization: _____ Date of volunteer service From _____ To _____
Address: _____
 Number & street City State Zip code
Telephone: _____ Supervisor Name: _____

Position/Duties: _____

List any additional volunteer experience on back of last page.

Employment History (list current/most recent first)

Employer _____ Date of employment From _____ To _____
Address _____
 Number & street City State Zip code
Telephone _____ Supervisor Name _____

Position/Duties _____

Employer _____ Date of employment From _____ To _____
Address _____
 Number & street City State Zip code

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C E N T E R

Telephone _____ Supervisor Name _____

Position/Duties _____

List additional employment history on back of last page going back 5 years.

Additional Information

What is your reason for seeking to volunteer here? _____

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

Do you consider yourself a Christian? ___Yes ___No

If yes, how long have you been a Christian? _____
As a Christian, what is the basis of your salvation? _____

Please provide the following information concerning your local church.

Church Name _____ Denomination _____
Address _____
Number & street City State Zip code

Pastor's name _____ Phone number _____

Positions in which you've served _____

Savannah Care Center is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief

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statement about how your faith would affect your volunteer work at this center.

Have you ever walked through a pregnancy decision with a woman or man who was considering abortion? Yes No

If yes, please share what counsel/encouragement you gave her.

Have you had or witnessed any traumatic experiences relating to abortion? Yes No

If yes, please explain how this shaped your perspective.

Has unplanned or nonmarital pregnancy impacted people you know? Yes No

If yes, please share what impact this has had on you:

Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

Never an option

In cases of rape or incest

In cases where the mother's life was in extreme peril

In cases of extreme psychological distress

Other (please explain) _____

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

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Years Acquainted _____
 Relationship _____

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 pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Savannah Care Center and any person or entity providing such reference information from all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a criminal background check. If I become a volunteer at the 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 serve in a different role than the employees of the pregnancy center, 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 further certify that I have read and that I am in full agreement with Savannah Care Center's Statement of Faith and agree to abide by the Code of Christian Conduct.

Signature of Applicant: _____ Date: _____

Please circle the times you would be available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday
9:00 am - 1:00 pm	9:00 am - 1:00 pm	9:00 am - 1:00 pm	8:00 am - 12:00 pm	8:00 am - 12:00pm
12:00 pm - 4:00 pm	12:00 pm - 4:00 pm	12:00 pm - 4:00 pm	12:00 pm 4:00 pm	12:00 pm - 4:00 pm
Other	Other	Other	Other	Other

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Please list other days/times that work for you:
