

General Volunteer Application

Name:	Today's D	ate:				
Local Address:						
City:	State:	_ Zip:				
Phone (Home):	_ Phone (Cell):					
E-mail Address:	Date of Birth:/_	/				
Best way to contact you: () Phone () E-mail						
Best time to contact you: () Morning () Afternoon () Evening						
Marital Status: () Married () Single						
Emergency Contact:	nergency Contact: Phone:					
Are you a student? () Yes () No If yes, what school?						
Major:	Graduati	on Date:				
How long do you expect to be available to serve?						
If you are student, do you expect to be here over the summer? () Yes () No						
Home Address (if different from local):						
City:	State:	Zip:				
1. How did you hear about us?						
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2. What special interests or talents do you bring to PRC?						
3. List any relevant training:						

4. What is your educational background?						
5. List any hobb	ies that you enjoy:					
6. What is your	reason for volunteerii	ng for Pregnan	cy Reso	urce Clinic?		
7. Do you attend	d a particular church/	faith-based gro	oup?			
areas that volu for special tim	inteers are needed o es and situations.	n a regular ba	asis as v	C. The following are specific vell as those that are needed u are most interested and		
willing to help. Hospitality — Preparing a dish for special events — Preparing a meal for PPC clients — Preparing meals for new parents		Fund Raisers Setting up Organizing/helping with games Cleaning up				
Mailings Monthly Quarterly		W	Office Cleaning Weekly Monthly			
Baby Bottle Blessings Preparing Counting change			Miscellaneous Phone calling Distributing posters on campus			
9. AVAILABILI	ΓΥ:					
	ays and times you are change. Please circle y	-		lable. We understand that		
Monday Tuesday Wednesday Thursday Friday	() 9-12 am () 9-12 am () 9-12 am () 9-12 am () 9-12 am	() 12-3 () 12-3 () 12-3 () 12-3	pm pm	() 5:30 - 7:30 pm		