

Name:	Today's Date:					
Local Address:						
City:	State:	_Zip:				
Phone (Home):	Phone (Work):					
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:	Phone:					
Are you a student? () Yes () No If yes, what school?						
Major: Graduation 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?						
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 hobbies	that you	enjoy:			
6. What is your reason for volunteering for Pregnancy Resource Clinic?					
7. Do you attend a particular church/bible study/faith-based group?					
Thank you for your interest in being a volunteer for PRC. The following are specific areas that volunteers are needed on a regular basis as well as those that are needed for special times and situations. 1. Please indicate on the following list those areas where you 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 Mailings Monthly Quarterly			Fund Raisers Setting up Organizing/helping with games Cleaning up Office Cleaning Weekly Monthly		
Baby Bottle Blessings			Miscellaneous		
Preparing Counting change			Phone calling Distributing posters on campus		
10. AVAILABILITY	:				
Please specify days and times you are most likely to be available. We understand that schedules may change. Please circle your availability.					
Monday	9-12	12-3			
Tuesday	9-12	12-3			
Wednesday	9-12	12-3			
Thursday	9-12	12-3			
Friday	9-12				