

# *Bastrop Pregnancy Resource Center*

## Volunteer Application

### Personal Information

First name, middle initial, and last name: \_\_\_\_\_

Home street address: \_\_\_\_\_

City, state, and zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Spouse's name: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

\_\_\_\_\_

How does your spouse / family feel about you becoming a volunteer at BPRC? \_\_\_\_\_

\_\_\_\_\_

Describe your family lifestyle: \_\_\_\_\_

\_\_\_\_\_

### Educational, work, and volunteer experience

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Did you graduate from high school? \_\_\_\_\_ Did you graduate from college? \_\_\_\_\_

Other educational information (degrees, training, etc.): \_\_\_\_\_

\_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_

Volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Talents/gifts: \_\_\_\_\_

**Religious background**

Are you a Christian? \_\_\_\_\_

If yes:

When did you first trust Jesus as your Savior? \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

Church address: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you willing to share your faith in Jesus Christ with others? \_\_\_\_\_

\*\*Please submit a reference letter from your pastor regarding your current standing at your church, and any ways you may be serving or have served.\*\*

Describe your stance on abstinence, abortion, and other pro-life issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your role at BPRC**

Why would you like to volunteer at Bastrop Pregnancy Resource Center? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to serve in one or more of the following areas? If so, please number the items in order of personal preference:

- |  |  |
|--|--|
| <input type="checkbox"/> Cleaning                                  | <input type="checkbox"/> Organizing the boutique (clothing, other donated items)                                 |
| <input type="checkbox"/> Client Advocate (talking with clients)    | <input type="checkbox"/> Prayer warrior  |
| <input type="checkbox"/> Computer work, including data input, etc, | <input type="checkbox"/> Project development   |
| <input type="checkbox"/> Event planning / fundraising              | <input type="checkbox"/> Teaching classes (childbirth, breastfeeding, parenting, budgeting, Bible studies, etc.) |
| <input type="checkbox"/> Making / answering telephone calls        |  |
| <input type="checkbox"/> Marketing / public relations              |  |

Are you willing to attend BPRC's training sessions? \_\_\_\_\_

Please list four references and their phone numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Bastrop Pregnancy Resource Center*

## **Volunteer Agreement**

Recognizing that the Bastrop Pregnancy Resource Center is an evangelical ministry, I openly acknowledge my personal faith in my Lord God and Savior Jesus Christ. I have read and agree with the Statement of Faith and BPRC's Missions Statement, and agree to uphold the standards of both.

I believe in the doctrine of sexual purity outside of marriage as stated in the Bible (1 Thessalonians 4:1-5). I agree to uphold the highest moral integrity and specifically to not engage in premarital or extramarital affairs, pornography or any other behavior that would dishonor Our Lord, BPRC and its advocates.

I believe in the sanctity of human life as taught in the Bible, with no exceptions, and therefor reject abortion as an acceptable option for any woman facing pregnancy.

I accept the responsibility to act as advocate on behalf of BPRC, to give accurate information, emotional support, and spiritual guidance to all I encounter. ALL INFORMATION ON BPRC CLIENTS WILL BE KEPT IN STRICT CONFIDENCE. I WILL CONTINUE TO KEEP THE INFORMATION CONFIDENTIAL EVEN AFTER I AM NO LONGER A VOLUNTEER AT BPRC.

I have read, understand and agree with BPRC Policies and Procedures and will at all times uphold it. I acknowledge that I have read, understand and agree not to commit any of the prohibited acts as stated in the Bylaws of the Organization in Article XII.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Do not write on this section (Director Comments)**

Interview date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Comments:

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\_\_\_\_\_  
Director approval signature

\_\_\_\_\_  
Date