



3924 Lorain Avenue • Cleveland, OH 44113 • 216.631.0964

## VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Marital Status: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

### TRAINING / QUALIFICATIONS / GIFTS

1. Please state your educational background:

High School \_\_\_\_\_ Technical \_\_\_\_\_ College: Some / Associates / Bachelors / Post Grad

Degree or field of study \_\_\_\_\_

2. Current employment: \_\_\_\_\_ FT / PT

3. What experiences have you had that may prepare you to work as a volunteer at Cleveland Pregnancy Center?

4. Why do you want to volunteer and what do you hope to gain from volunteering?

5. What are your strengths and what areas do you need to improve?

6. How would you describe your own personality type?

**INTERESTS AND AVAILABILITY**

1. I wish to serve as: Individual / Leader of a Service Group: Name of Group \_\_\_\_\_

2. Volunteer Interest:

**Ministry Support Volunteer**

**Events/Outreach**

- \_\_\_ Church Representative
- \_\_\_ Event Planning Committee
- \_\_\_ Event Volunteer
- \_\_\_ Corporate Solicitor
- \_\_\_ Host baby Shower or Diaper/Wipes Drive

**Clerical**

- \_\_\_ Data Entry
- \_\_\_ Office Assistant
- \_\_\_ Receptionist **Materials**

**and Facilities**

- \_\_\_ Delivery Person
- \_\_\_ Janitorial
- \_\_\_ Maintenance
- \_\_\_ Boutique- Material Assistance
- \_\_\_ Boutique –Clerk
- \_\_\_ Information Technology Support
- \_\_\_ Prayer Warrior

**Client Services Volunteer**

- \_\_\_ Prayer Leader/Support
- \_\_\_ Life Coaching
- \_\_\_ H.E.A.R.T. Mentoring
- \_\_\_ Bible Study Facilitator
- \_\_\_ Budgeting Instructor
- \_\_\_ Childbirth Preparation
- \_\_\_ Infant CPR: Certified Instructor
- \_\_\_ Parenting Education Facilitator
- \_\_\_ Sunshine Care
- \_\_\_ Sexual Integrity Facilitator
- \_\_\_ Front Line Fathers
- \_\_\_ Help Line/ After Hours Line

**Lilli Women’s Center**

- \_\_\_ Nurse
- RN/LPN License # \_\_\_\_\_
- \_\_\_ Sonographer, Certified
- \_\_\_ Advocate
- \_\_\_ Receptionist

*If interested in LWC, please provide:*

*Date of last TB test* \_\_\_\_\_

*Date of last Hepatitis Vaccine* \_\_\_\_\_

3. Availability: Ministry Support Volunteer and Client Services volunteer  
*Circle the days and list the hours beside each day, or write Morning, Afternoon, Evening*

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ ST \_\_\_\_\_ SN \_\_\_\_\_

Availability: Lilli Women’s Center    Tues 11:30-4    Thur 3:30-8    1/week    2/week    3/week    3/month

## FAITH

1. Do you consider yourself a Christian? Y / N How long \_\_\_\_\_ *If yes, please explain what it means to you to be a Christian and how your life has changed since that time.*
  
2. Are you active in your church Y / N If yes, please elaborate....
  
3. Are you in agreement with the Cleveland Pregnancy Center's "Statements of Faith" and "Principle" (*Received at the Orientation Meeting*)? Y / N *If not, please explain.....*
  
4. What questions (if any) do you have about these two documents?
  
5. (*For Lilli Medical Center Volunteers only*) Are you in agreement with the Cleveland Pregnancy Center's "Commitment to Standards" and "Non-Disclosure" standards (*Received at the Orientation Meeting*)? Y / N *If not, please explain.....*
  
5. What questions do you have about this document, if any?

**REFERENCES**

Please list the name of your pastor and two other non-relatives who we may contact for references.

Name of Church you attend: \_\_\_\_\_ For how long? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Thank you for your interest in serving in the ministry of Cleveland Pregnancy Center!**