



5273 Broadview Rd. • Parma, OH 44134 • 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!