

***Cecil Pregnancy & Family Resource Center***  
**P.O. Box 1948 | Elkton, MD 21921 | 410-398-7888**  
**Email: cecilcountypc@verizon.net**

Volunteer Application

Today's Date: \_\_\_\_\_

.....

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

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/other)

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

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Church Name and Affiliation: \_\_\_\_\_

.....

**Work Experience:**

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

How many days/hours do you work per week? \_\_\_\_\_

What are your responsibilities? \_\_\_\_\_

**Volunteer Experience:**

Is this your first experience as a volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please list your previous volunteer experience:

\_\_\_\_\_

Do you have anything on your record other than traffic violations?

\_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

**Personal Experience:**

Why do you want to volunteer at the Cecil Pregnancy & Family Resource Center? \_\_\_\_\_

\_\_\_\_\_

What gifts, talents, and abilities do you feel will be helpful to your work here? \_\_\_\_\_

\_\_\_\_\_

How does your spouse/family feel about your involvement? \_\_\_\_\_

\_\_\_\_\_

Have you ever had an experience involving an abortion or unplanned pregnancy? Please explain.

\_\_\_\_\_

\_\_\_\_\_

Under what circumstances would you consider abortion as an alternative for a woman in a crisis pregnancy? \_\_\_\_\_ Never an option \_\_\_\_\_ In cases of rape or incest

\_\_\_\_\_ In cases of severe psychological trauma \_\_\_\_\_ Other (list): \_\_\_\_\_

How would you describe your position on adoption? \_\_\_\_\_

\_\_\_\_\_

Have you ever known someone who had her baby adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently, or have you ever been involved in seeking to adopt a child? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

**All volunteers begin service as a 'Helping Hands' volunteer. After this initial period, what would be your preferred area of volunteer work (check all that apply):**

- \_\_\_\_\_ Remain as Helping Hands
- \_\_\_\_\_ Peer Counselor / Mentor
- \_\_\_\_\_ Community speaking
- \_\_\_\_\_ Post-abortion recovery / support
- \_\_\_\_\_ Special events

Which days are best for you at this time?

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**References:** *(Please list two people we can contact as a reference.  
One must be from your pastor.)*

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

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Relationship: \_\_\_\_\_

**COMMITMENT TO SEXUAL INTEGRITY AND LIFE-AFFIRMING VALUES**

The Cecil Pregnancy & Family Resource Center promotes commitment to sexual integrity (expressing the gift of sexuality throughout life in a true, excellent, honest and pure way) as the lifestyle choice that offers protection in childhood, direction in adolescence, and celebration in adulthood.

I agree to walk in integrity as a volunteer or staff member at the Cecil Pregnancy & Family Resource Center, by signing below I am agreeing to a commitment of sexual integrity (abstinence outside of marriage and fidelity within marriage) and a lifestyle consistent with the Cecil Pregnancy & Family Resource Center's Mission.

**Mission Statement** - The Cecil Pregnancy & Family Resource Center is committed to upholding the sanctity of human life by affirming the Biblical view of life, sex, marriage and family. We uphold these values by providing life-affirming services, education and other assistance as needed.

*I am in agreement with the Mission of the Cecil Pregnancy & Family Resource Center and I commit myself to a lifestyle of sexual integrity and life-affirming values.*

**Signature of Applicant:** \_\_\_\_\_

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

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION**