

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:

Director approval signature

Date