



DELTA PREGNANCY RESOURCE CENTER

523 Dodge St., Delta, Colorado 81416
Telephone (970)874-5733

Dear Volunteer,

We welcome you to the Delta County Pregnancy Resource Center!

You're about to start a journey that will change your life as well as the lives of others. We are excited that you have shown interest in being a part of this ministry. I pray it will be a great experience for you, as well as an opportunity for you to grow in your walk with Jesus.

We appreciate the commitment of your time and look forward to working with you. We understand that things happen, but we rely on your commitment. So please call if you will be late or cannot make it in. If you are sick, please get well before coming in as well. Honoring your commitment to work the days and hours you have selected are crucial in order for us to best serve our clients. No matter which volunteer position you would like to do or are placed in, remember, you are a VERY important part of helping these families in need. As a volunteer you will be expected to work as a team member with the other volunteers and staff.

Welcome aboard! Thank you for heeding the call to serve our Lord and Savior, Jesus Christ!

God bless,
Sheri Fisher, Director
Delta PRC



Volunteer Service Description/Application

Some of the qualities sought in a volunteer are:

A genuine commitment to Jesus Christ as Lord and Savior

Steadfast confidence in the Word of God

A firm belief in the sanctity of human life based on the Word of God

A vision for the ministry of PRC

Dependability, responsibility, and willingness to give of oneself and to work alongside others in this ministry.

My Commitment:

To know Jesus Christ as Lord and Savior and to live in faithful obedience to Him

To be prepared, prayerful and present for my scheduled shifts

To accept guidance and instruction from the Leadership Team and other more experienced staff

To minister to clients, not manipulate them

To be honest and genuine in dealing with clients & co-workers, speaking the truth in love

To adhere to the Board of Directors-approved Statement of Faith, Statement of Principles and Guidelines for Volunteers

applicant's initials

PERSONAL INFORMATION

Name _____ Marital Status _____

Spouse's Name _____

Street Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Email _____ Are you over the age of 18? ____ Yes ____ No

Children's Names & Ages

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

What is your availability? M TU WED TH F SAT SUN Time Restrictions? _____

If yes, what are they? _____

In What areas would you like to serve? ____ Boutique/Laundry ____ Client Mentor ____ Housekeeping/Decorating

____ Newsletter ____ Phone ____ Receptionist ____ Event Planning ____ Email Campaigns

____ Other: _____

EDUCATION

Education _____ Did you graduate? _____

Vocational Schooling: _____

Area of Studies: _____ Degree Earned _____

Please describe other training, degrees, and/or certificates received:

EMPLOYMENT INFORMATION

1. Employer _____ Phone _____
Address: _____
City _____ State _____ Zip _____
Dates of Employment: _____ / _____ Position Held: _____ Supervisor _____

2. Employer _____ Phone _____
Address: _____
City _____ State _____ Zip _____
Dates of Employment: _____ / _____ Position Held: _____ Supervisor _____

3. Employer _____ Phone _____
Address: _____
City _____ State _____ Zip _____
Dates of Employment: _____ / _____ Position Held: _____ Supervisor _____

PREVIOUS VOLUNTEER HISTORY

1. Organization _____
Dates of Service _____ Position/Duties _____
Supervisor _____ Telephone _____

2. Organization _____
Dates of Service _____ Position/Duties _____
Supervisor _____ Telephone _____

3. Organization _____
Dates of Service _____ Position/Duties _____
Supervisor _____ Telephone _____

4. Organization _____
Dates of Service _____ Position/Duties _____
Supervisor _____ Telephone _____

What gifts, talents, or personality traits will you bring to this ministry? _____

What would you say are your personal strengths? _____

What are your areas of weakness? _____

Do you consider yourself Christian? YES NO If yes, how long have you been a Christian? _____

In your own words, what does it mean to be a Christian? _____

Please tell us how and when you came to know Jesus Christ _____

Is your spouse supportive of your interest and future involvement with this ministry? _____

Do you consider yourself: _____ Pro-Choice _____ Pro-Life

When, if ever, is abortion ok? _____

Please include 2 Personal References (NOT Family)

1.Name: _____ **Relationship:** _____

Years known: _____

Phone: _____ Email _____

2.Name: _____ **Relationship:** _____

Years known: _____

Phone: _____ Email _____

Your Pastor/Leader: _____ **Years known:** _____

Your Church: _____

Phone Number _____ Email _____



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Dear Church Leader,

_____ has applied to be a Volunteer at the Pregnancy Resource Center.
The applicant must have a referral from their current Church Leader.

Some of the qualities sought in the volunteer are:

- *A genuine commitment to GOD
- *Steadfast confidence in the WORD of GOD
- *A firm belief in the sanctity of human life based on the WORD of GOD
- *A vision for the ministry of the PRC
- *Dependability, responsibility, and willingness to give of oneself

It is very important that our volunteers support the direction of the Center, and have a genuine love for our Lord and Savior. We appreciate your assistance in helping us maintain the integrity of our Center.

Please take a few minutes to answer all the questions on the following pages, and mail them to: 523 Dodge St., Delta, CO 81416. Or drop them off at our location here.

If you have any questions or concerns, please do not hesitate to call Sheri Fisher at 970-596-6689, or the Center at 970-874-5733.

Thank you so much for your time.
Blessings from the Delta PRC.

Name _____ Date _____

Home Phone _____ Cell _____

Providing Reference for _____

How long have you known Applicant? _____

Please help us to know where his/her strengths are with the following:

Leadership _____

Dependability _____

Spiritual Maturity _____

Communication _____

Cooperation _____

Please tell us a bit about the Applicant's gifts and desire to minister _____

Please tell us a bit about the Applicant's ability to inspire to action _____

Is the Applicant well-liked, cooperative, and open to other ideas? _____

Describe his/her involvement with the Church _____

Signature _____ Date _____

Position of Leadership: _____



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Volunteer Member Background Check Authorization

Name

First Middle Last

Any other name(s) you may have used in the past

Gender Male Female SSN _____

Date of Birth Place of Birth Nationality

Phone Numbers

Cell Work Home

Street Address

City State Zip

Email _____

Do you have any criminal convictions? Yes No

If Yes, briefly explain the nature of the charge _____

If Yes, What County _____ What State _____

Applicant's Signature and Date