

# Pregnancy Care Center

of Plant City



304 N. Collins Street • Plant City, Florida 33563  
Phone 813-759-0886 • Fax 813-759-0882 • Email: info@pccpc.net

## Volunteer Application

### Personal Information

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number & street City State Zip code

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years old:  Yes  No  
Are you married?  Yes  No Any children?  Yes  No  
Have you ever been convicted of a crime?  Yes  No  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education

#### 1. High School:

Number of years complete (circle one) 1 2 3 4 Diploma:  Yes  No GED:  Yes  No

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

#### 2. College and/or Vocational School:

Number of years completed (circle one) 1 2 3 4 5 6 7+

School Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_ (Date): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Volunteer Experience** (list most recent first)

Organization: \_\_\_\_\_ Date of volunteer service From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Position/Duties: \_\_\_\_\_  
\_\_\_\_\_

Organization: \_\_\_\_\_ Date of volunteer service From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Position/Duties: \_\_\_\_\_  
\_\_\_\_\_

List any additional volunteer experience on a separate sheet.

**Employment History** (list current/most recent first)

Employer: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Position/Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Position/Duties: \_\_\_\_\_  
\_\_\_\_\_

List additional employment history on a separate sheet.

**Additional Information**

What is your reason for seeking to volunteer here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please

explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider yourself a Christian? \_\_\_Yes \_\_\_No

If yes, how long have you been a Christian? \_\_\_\_\_

As a Christian, what is the basis of your salvation?

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Please provide the following information concerning your local church.

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

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

Do you attend regularly? \_\_\_\_\_ If not, why? \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Positions in which you've served: \_\_\_\_\_

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What is your stand on drinking alcohol? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Pregnancy Care Center of Plant City is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

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Have you ever walked through a pregnancy decision with a woman or man who was considering abortion? \_\_\_Yes \_\_\_No

If yes, please share what counsel/encouragement you gave her/ him:

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Have you had or witnessed any traumatic experiences relating to abortion? \_\_\_Yes \_\_\_No

If yes, please explain how this shaped your perspective:

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Has unplanned or nonmarital pregnancy impacted people you know? \_\_\_Yes \_\_\_No

If yes, please share what impact this has had on you:

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Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

\_\_\_ Never an option

\_\_\_ In cases of rape or incest

\_\_\_ In cases where the mother's life was in extreme peril

\_\_\_ In cases of extreme psychological distress

\_\_\_ Other (please explain): \_\_\_\_\_

Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

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### Self-Assessment

How would you rate yourself in the following areas?

- a. Knowledge of abortion methods: \_\_\_excellent \_\_\_good \_\_\_fair \_\_\_poor
- b. Knowledge of current laws concerning abortion: \_\_\_excellent \_\_\_good \_\_\_fair \_\_\_poor
- c. knowledge of what the bible teaches about abortion: \_\_\_excellent \_\_\_good \_\_\_fair \_\_\_poor

What special skills, talents, gifts, or personality traits would you bring to this ministry?

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What do you consider to be your possible areas of weakness?

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Are there any particular personality types with whom you have difficulty working?

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### References

Please list persons who are not related to you and who have known you for at least two years, including your pastor.

1. Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

### Letter of Recommendation

In addition to the references you provide above, the Pregnancy Care Center of Plant City also requests you to submit a Letter of Recommendation from your Pastor or church leader, not a family member.

## **Applicant's Certification and Agreement**

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Pregnancy Care Center of Plant City and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a Level 2 background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I understand that any falsified statements or omissions of material information on this application may lead to my prompt dismissal. I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with Pregnancy Care Center of Plant City's Statement of Faith and Core Values.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_