



**Women's
LIFE SERVICES**
Pregnancy Resource Center

Volunteer Application

Minimum 18 years of age, unless accompanied by Parent or Guardian. All information is Strictly Confidential.

Name: _____ Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Date of birth: ____/____/____ Marital Status: Married Single

E-Mail: _____ Use Social Media? YES NO If YES, what kind?

Are you currently employed? YES NO If YES, where? _____

Do you consider yourself a Christian? YES NO If YES, for how long? _____

What does it mean to you for a person to be a Christian? _____

Do you attend Church Regularly?: YES NO If YES, where? _____

Minister or Priest _____ Phone: () _____

Describe why you are interested in volunteering at Women's Life Services:

Did a service organization, business, church or individual encourage you to volunteer here? YES NO

If yes who encouraged you: _____

Describe your Talents, Work or Volunteer Experience, Trade Skills, Education, Professional Licenses, Interests, Special Abilities & Spiritual Gifts if known:

Have you or a "significant other" ever had an abortion? YES NO

Which areas are you interested in Volunteering?

- | | |
|---|--|
| <input type="radio"/> Office Work | <input type="radio"/> Spreading the word about WLS |
| <input type="radio"/> Event Planning | <input type="radio"/> Volunteer Coordination |
| <input type="radio"/> Phone Calling | <input type="radio"/> Counseling Abortion-Minded Women who visit WLS |
| <input type="radio"/> Accounting | <input type="radio"/> Reaching Abortion-Bound Women outside abortion facility. |
| <input type="radio"/> Prayer & Fasting | <input type="radio"/> Foster Care and/or Adoption |
| <input type="radio"/> Fundraising | <input type="radio"/> Community Outreach |
| <input type="radio"/> Website Hosting | <input type="radio"/> Website Design |
| <input type="radio"/> Newsletter Preparation | <input type="radio"/> Writing Newsletter Articles |
| <input type="radio"/> Writing Thank You Cards | <input type="radio"/> Mailing List Updating |
| <input type="radio"/> Mail Chimp Newsletters | <input type="radio"/> Advertising |
| <input type="radio"/> Mobile Ultrasound Project | <input type="radio"/> In-House Ultrasound |

Are you interested in volunteering on a consistent basis? If so, what day(s)? _____

Weekly Bi-Weekly Monthly for 2 Hours 4 Hours 6 Hours

Are you interested in volunteering occasionally or for Special Events? YES NO

If YES, what type event? Dinners Trainings Home Presentations Other Small Gatherings

Briefly share any experience you have in serving people through Events, Organizations or Businesses:

Please list TWO (2) Personal References.

Organization or Company (if applicable): _____

Contact person: _____ Phone # () _____

Organization or Company (if applicable): _____

Contact person: _____ Phone # () _____

WOMEN'S LIFE SERVICES

PROSPECTIVE VOLUNTEER CONSENT

*I give my consent for **Women's Life Services** to contact my references,
to process my driving record check, and to conduct a criminal background check.*

PLEASE PRINT FULL NAME BELOW:

(FIRST, MIDDLE, LAST) _____

Driver's License Number: _____ State _____

Signature: _____ Date: _____

Emergency Contacts (Please give TWO.)

Name #1 : _____ BEST Phone # to reach () _____

Name #2 : _____ BEST Phone # to reach () _____

Thank You for your interest in volunteering with Women's Life Services!

Important NOTE 3-20-20: Due the pandemic, please

SCAN & E-MAIL your application to our Director: GaryLeber@gmail.com

We're changing our Methods, but NOT our Mission! YES, you can HELP from home!

Questions or Comments? Call/Text/E-Mail our Director 607-821-9513 GaryLeber@gmail.com

www.PRCV.org ~ 607-444-1388 ~ PRCVestal@gmail.com