



PREGNANCY CENTER OF WNC

Volunteer for Client Care Application

Have you viewed the Volunteer Orientation? Yes No

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

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

E-mail address: _____

Date of birth (without year): _____

Are you 21 years of age or older? Yes No

Educational background: _____

Occupation (if applicable): _____

Employer: _____

Languages spoken (other than English): _____

Marital status: _____ Spouse's name (if applicable): _____

Spouse's place of employment (if applicable): _____

How does your spouse and/or family feel about your involvement with **Life Choice Pregnancy Center**?

Number of children (if any): ____ Age(s) (if applicable): _____

Name of local church: _____

Previous volunteer experience: _____

How did you learn about **Life Choice Pregnancy Center**?

What sparked your interest in volunteering **Life Choice Pregnancy Center**?

Appendices

Have you ever had an experience involving an abortion or unplanned pregnancy? Yes No
If yes, please describe:

Are there any issues or events in your life that could affect your volunteer work?

When are you available to volunteer (e.g., day of the week, daytime/evening)? _____