

**CLEVELAND PREGNANCY CENTER
CLIENT SERVICE VOLUNTEER APPLICATION**

Date: _____

Name: _____

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

E-Mail: _____

Address: _____ City, State, Zip Code _____

Birth Month & Date: _____ Marital Status _____

CLEVELAND PREGNANCY CENTER MISSION STATEMENT

Cleveland Pregnancy Center is a LIFE affirming organization whose purpose is to educate, equip and provide services to meet the spiritual, emotional, and physical needs of pregnant, parenting and post-abortive individuals and families.

(Please use reverse side if additional space is required)

TRAINING/GIFTS:

1. Please state your educational background:

High School _____

Technical _____

College _____ Associates

_____ Four (4) year

_____ Post Graduate

Degree or field of study _____

2. Current employment: _____

Full time _____

Part-time _____

3. What are your strengths and what are possible areas of weakness?

4. What personality types do you have difficulty working with?

5. How do you resolve conflict/disagreement?

GENERAL INFORMATION:

1. Which volunteer position(s) interest you?

2. What is your reason for getting involved in the Cleveland Pregnancy Center?

3. With what other ministries or organizations have you been involved or served as a lay counselor?

4. How does your spouse/family feel about your involvement here?

5. Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?

Never an option Life of the mother
 In cases of rape/incest In cases of extreme psychological stress
 Other. Please explain:

6. Have you experienced an abortion in your past?
 - a. Have you participated in an abortion healing program?
Yes _____ No _____

 - b. If "no", would you be willing to participate in such program?
Yes _____ No _____

7. Are you currently seeking to adopt a child? Yes _____ No _____

8. When do you feel sexual intercourse is morally permissible?
 In a dating relationship Engaged to be married
 Married Divorced or separated
 Other. Please explain:

9. Please describe your feelings regarding the use of birth control.

CHRISTIAN WALK:

1. Do you consider yourself a Christian? Yes _____ No _____
If yes, please explain what it means to you to be a Christian.

2. How long have you been a Christian? _____
Please give a brief statement about how you became a Christian and how your life has changed since that time.

REFERENCES:

Please list the name of your pastor and the names and complete addresses of two other unrelated people who we may contact for references.

Name of Church you attend: _____ For how long? _____

Pastor's Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip _____ City, State, Zip _____

Telephone: _____ Telephone: _____

STATEMENT OF FAITH/STATEMENT OF PRINCIPLE:

Refer to our Statements of Faith and Principle. (contact CPC to request)

1. Are you in total agreement with these two statements? Yes _____ No _____
If not, please explain.

2. What questions do you have about these two documents, if any?

Thank you for your interest in serving in the ministry of Cleveland Pregnancy Center!

FOR OFFICE USE ONLY

Date of Interview: _____

Volunteer position: _____
(i.e. mentor, HEART, clerical, etc.)

Date in-office training began: _____

Date Center position began: _____

Comments:

(03/10)