

Tri County Pregnancy Resource Center

315 S. Madison Ave,
PO Box 107
Aurora, MO 65605
417-678-0090

Volunteer Application

Name: _____ Phone Number _____

Cell # _____ Address _____

E-Mail _____ Occupation _____ Marital Status _____

Church Affiliation _____

Pastor's Name _____

Can we contact him for a reference if we feel the need? yes no

Do you consider yourself a Christian? Yes No

What is a Christian? _____

How long have you been a Christian? _____

Do you go to church regularly Yes No

Strengths and Weaknesses

What special gifts, talents or personality traits do you bring to this Ministry? _____

What are your strengths? _____

What do you consider to be your weaknesses? _____

Are you willing to do cleaning or other office or janitorial services when you do not have clients scheduled?
 Yes No

Have you had an abortion in your past? Yes No (All volunteers who are post abortion must go through post abortion counseling before volunteering at the Center. This is provided free of charge but the classes are in Springfield.)

Have you ever counseled someone facing an unplanned pregnancy? Please Explain. _____

Have you had any personal experiences related to abortion/adoption/miscarriage/still birth? Please Explain. _____

Volunteer Application

Name _____

Do you have experience with teens and youth? Please explain _____

Would you be willing to discuss Sexually Transmitted Diseases, relationships, birth, and other subjects that could make you feel uncomfortable? ___Yes ___ No

Do you have children? ___Yes ___No

If you have children do you have care for them while you would be at the Center? ___Yes ___No

Commitment to working at the Center for 5 hours a week is crucial to us. Are you certain that your current activities will allow you to volunteer at the Center for this time? ___Yes ___ No

What are your views about abortion?

If your child came to you telling you that she/he was going to abort their child how would you respond? _____

What are your views on Adoption?

How would you deal with your child if they came to you saying that they were pregnant, the boyfriend was no longer in the picture and they wanted to parent their child?

Are you aware of the local resources available in this area? ___Yes ___No ___Unsure

As a volunteer you become a mandatory reporter for cases of abuse, are you willing to do this? ___Yes ___No

Many of our clients are single mothers or Fathers, how would you feel about discussing abstinence, secondary virginity, and good health practices?

How comfortable are you sharing the Gospel? ___comfortable, ___uncomfortable, ___ am willing to share no matter what I feel.

Volunteer Application

Name _____

Are you easily shocked when someone tells you startling information? ___yes, ___No, ___not sure?

Training can take time at our Center. We only allow you to meet with a client alone when we are all assured that you are ready. Are you ok with this? ___Yes ___No

For Nurses only

How many years have you been a nurse? _____

What specialties have you worked in? _____

Do you have experience performing ultrasound? ___Yes ___No (PRC Ultrasound Training is required before you can perform Ultrasounds at this location)

Do you feel comfortable collecting specimens for STD testing? ___Yes ___No

Would you be comfortable speaking in schools on sexual health? ___Yes ___No

For Men Only

Would you feel comfortable discussing Fatherhood issues with other men? ___Yes ___No

Visits with men may take place in the evening are you comfortable with this? ___Yes ___No

Education High School Graduate Trade School college

Volunteer experience _____

What prompted you to volunteer? _____

References:

Please supply name, address, and phone number of three people who we may call.

1. _____
2. _____
3. _____

Please read the volunteer position descriptions below and choose those positions that are of interest to you. Also mark the days that fit your schedule. All those who have client contact are required to have a background check performed.

___Mentor – Complete extensive training to work one on one with clients.

___Receptionist – Assist with office tasks, greet clients, schedule appointments, answer phones

___Maintenance – Cleaning and care of the center. Keeping the incentive room organized

___Fundraiser – Helping with the organization and running of fund raising events.

___Fatherhood Program

___Nurse Ultrasound and STD program

___Nurse Ultrasound only

____ Nurse STD program only

Volunteer Application **Name** _____

____ Tuesday Noon-5 p.m.

____ Thursday Noon – 5 p.m.

Volunteer Agreement

Recognizing that TCPRC is a Christian ministry, I openly acknowledge a personal faith in Jesus Christ as my Lord and Savior.

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for any woman facing a crisis pregnancy.

I believe in chastity outside of marriage and in the sanctity of marriage as taught in the Bible. Therefore, I commit to a lifestyle of sexual purity.

I accept the responsibility to act as an advocate on behalf of the women and men under my care and to give accurate information, emotional support and spiritual guidance. I will keep all information on the center clients in the strictest confidence, in accordance with center policies. I will consistently uphold the center’s policies relating to confidentiality even after I am no long a volunteer.

Understanding the vital role the volunteers play in the work of the center, I commit myself to faithfully serve on a regular basis. Additionally, I agree to attend volunteer meetings and trainings. I also understand that if my background check is not clean I will not be considered for a position with the TCPRC.

I have read, understand, and agree with the Tri County Pregnancy Resource Center’s Mission and will at all times, uphold it as well as all policies and procedures established by the Board of Directors and the Executive Director.

Volunteer Signature

Date

Return completed application to TCPRC PO Box 107, Aurora, MO 65605