



906-786-7474
2501 1st Avenue North
Escanaba, Michigan 49829

(For Office Use Only)
Interview:
Orientation:
CBC:
Start Date:
Placement:

VOLUNTEER APPLICATION

Name: Phone:
Last First Middle Home Cell Work

Address:
Street City State Zip Code

Email: Maiden Name:

Date of Birth: Month Day Year

Occupation: Employer:

Marital Status: Spouse's Name/Occupation:

Number of Children: Ages:
If Applicable If Applicable

Have you previously worked/volunteered at a pregnancy help center? If yes, please provide the name of the center and dates worked:

How did you hear about Pregnancy Services of Delta County?

Education: High School: Year graduated:
College Graduate: Degree earned:
Current student: School:

Work experience: Name/Address of organization
Name/Phone of supervisor
Job title: Job duties:
Dates employed:

CHRISTIAN COMMITMENT

Pregnancy Services of Delta County is an interdenominational organization. Describe how you would interact with others whose doctrines differ from your own:

Blank lines for response to Christian Commitment question

Please tell us about your relationship with God

Blank lines for response to relationship with God question

## Personal References

Please provide us with the names of three individuals (other than family) that we may contact for a personal reference.

Name	Address/Email	Relationship	Phone
Name	Address/Email	Relationship	Phone
Name	Address/Email	Relationship	Phone

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Pnone: \_\_\_\_\_

Do you have any conditions that would affect your ability to perform your volunteer duties or that Pregnancy Services should know about? If so please explain:

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Church Reference: \_\_\_\_\_  
Pastor's Name Church Name Address Phone

How long have you attended? \_\_\_\_\_ In what ways are you involved at your church?

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## Criminal Record:

Have you been convicted of a criminal offence within the past 7 years? If yes, please indicate the nature of the offence, date, court and disposition:

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Are you volunteering to satisfy a court-related probation? If yes please explain?

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Are there any legal charges pending against you? If yes please explain?

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I seek to volunteer for civic, charitable or humanitarian reasons. I agree to perform volunteer services without promise of compensation or other benefits. I agree that as a volunteer I am subject to the policies, rules and regulations of Pregnancy Services including obligations regarding client confidentiality. I authorize Pregnancy Services of Delta County to conduct a Criminal Background Check on me. I understand that this information will be used to determine my eligibility for a volunteer position. I certify that the statements made in this volunteer application are complete and true to the best of my knowledge.

Signature of Applicant

Date

Under 18 years of age: I give my permission for my son/daughter to volunteer at Pregnancy Services of Delta County.

Parent/Guardian Signature

Relationship to Applicant

7/26/2023

# Pregnancy Services of Delta County Volunteer Interest Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home

Cell

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

Name of your local church: \_\_\_\_\_

I would like to receive the Pregnancy Services newsletter by: Email: \_\_\_\_\_ Mail: \_\_\_\_\_

If you are able to volunteer, please fill out the following:

When are you available: (day of the week, am/pm) \_\_\_\_\_

How often: (regular schedule) \_\_\_\_\_ (contact as needed) \_\_\_\_\_

Please check the areas in which you would be most interested:

## Administrative

\_\_\_\_ Mailings/Newsletters

\_\_\_\_ Data entry

\_\_\_\_ Board member

\_\_\_\_ Receptionist

\_\_\_\_ Social media management

\_\_\_\_ Website development/maintenance

## Mission Advancement & Special Events

\_\_\_\_ Special events committee

\_\_\_\_ Walk for Life

\_\_\_\_ Fundraising banquet

\_\_\_\_ Assist at special events

\_\_\_\_ Church liaison

\_\_\_\_ Grant writing

\_\_\_\_ Prayer team (Pray for clients and ministry)

## Maintenance

\_\_\_\_ General repair

\_\_\_\_ Snow removal

\_\_\_\_ Cleaning weekly

\_\_\_\_ Outdoor Spring cleaning

## Client Services

\_\_\_\_ Client advocate (peer counseling)

\_\_\_\_ Parent educator (parenting classes)

\_\_\_\_ Resource room

\_\_\_\_ NFP/Sexual Integrity

\_\_\_\_ Adoption support

\_\_\_\_ Post abortive support

\_\_\_\_ Pregnancy loss support

**Please complete and return this form to  
Pregnancy Services of Delta County, 2501 1<sup>st</sup> Ave. N., Escanaba MI, 49829  
or email: [psdcofficermanager@gmail.com](mailto:psdcofficermanager@gmail.com)**

7/26/2023