



# Mercy House Volunteer Application

## Personal Information

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number & street City State Zip code

Phone #: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

Are you over 18 years old:  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, please explain:

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## Education

1. High School:

Number of years complete (circle one) 1 2 3 4 Diploma:  Yes  No GED:  Yes  No  
School Name: \_\_\_\_\_

2. College and/or Vocational School:

Number of years completed (circle one) 1 2 3 4 5 6 7+

School Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_ (Date): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Volunteer Experience** (list most recent first)

Organization: \_\_\_\_\_ Date of volunteer service From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Number & street

City

State

Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_ Date of volunteer service From:

To: \_\_\_\_\_

Address: \_\_\_\_\_

Number & street

City

State

Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

\_\_\_\_\_

List any additional volunteer experience on a separate sheet.

**Employment History** (list current/most recent first)

Employer: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Number & street

City

State

Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & street City State Zip code

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position/Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List additional employment history on a separate sheet.

**Additional Information**

What is your reason for seeking to volunteer here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you ever been involved in seeking to adopt a child? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you consider yourself a Christian? \_\_\_ Yes \_\_\_ No

If yes, how long have you been a Christian? \_\_\_\_\_

As a Christian, what is the basis of your salvation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information concerning your local church.

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & street City State Zip code

Pastor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Positions in which you've served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mercy House is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever walked through a pregnancy decision with a woman or man who was considering abortion? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please share what counsel/encouragement you gave her/him:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had or witnessed any traumatic experiences relating to abortion? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain how this shaped your perspective:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has unplanned or nonmarital pregnancy impacted you or people you know? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please share what impact this has had on you:

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Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

- Never an option
- In cases of rape or incest
- In cases where the mother's life was in extreme peril
- In cases of extreme psychological distress
- Other (please explain): \_\_\_\_\_

Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

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### Self-Assessment

How would you rate yourself in the following areas?

- a. Knowledge of abortion methods: \_\_\_\_\_excellent \_\_\_\_\_good \_\_\_\_\_fair \_\_\_\_\_poor
- b. Knowledge of current laws concerning abortion: \_\_\_\_\_excellent \_\_\_\_\_good \_\_\_\_\_fair \_\_\_\_\_poor
- c. knowledge of what the bible teaches about abortion: \_\_\_\_\_excellent \_\_\_\_\_good \_\_\_\_\_fair \_\_\_\_\_poor

What special skills, talents, gifts, or personality traits would you bring to this ministry?

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What do you consider to be your possible areas of weakness?

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Are there any particular personality types with whom you have difficulty working?

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### References

Please list persons who are not related to you and who have known you for at least two years, including your pastor.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Years Acquainted: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Years Acquainted: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Years Acquainted: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Applicant's Certification and Agreement**

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center and any person or entity providing such reference information from any and all liability relating to the providing of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintain client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employee of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for the ministry.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Volunteer Confidentiality Pledge**

I hereby pledge that all information, both client and financial supporter information, will remain confidential. I will not discuss any information with anyone except the Executive Director.

I understand that if I break my pledge, I will no longer be permitted to volunteer for The Mercy House Pregnancy Resource Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Agreement to Resolve Disputes by Mediation or Arbitration**

In consideration of our mutual promises, we agree as follows: We are Christians and believe that the Bible commands us to make every effort to live at peace and to resolve disputes with each other in private or within the Christian Church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, we agree that any claim or dispute, including any statutory claim, arising from or related to the relationship between the parties shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation; judgment upon an arbitration

