

**Care Net Pregnancy Centers
of Central Indiana
Volunteer Servant Application**

Name _____

Address _____ City/State/Zip _____

Phone _____ (Other) _____ Birth Date _____

E-Mail Address _____

Present Occupation _____ Previous Occupation (if any) _____

Marital Status: Married ____ Single ____ Widow ____ Widower ____ Divorced ____ Separated ____

Spouse's Name and Occupation _____

Number of children _____

1. Do you consider yourself a Christian? Yes ____ No ____

2. Define "What is a Christian?" _____

3. How long have you been a Christian? (Comment) _____

4. What do the words "Jesus is Lord" mean in your life? _____

5. Church Affiliation (with address) _____

6. References: Name and phone numbers (one must be your minister/priest, plus two others)

7. Describe past and present volunteer experience for your church or other organization

8. Why do you desire to serve as a volunteer for Care Net? _____

9. How do you feel about abortion as a solution to a problem pregnancy? _____

10. Have you ever had any traumatic experiences related to abortion? _____

11. Please describe your views on sex outside of marriage? _____

12. If single, are you committed to not having sex outside of marriage? _____

13. What kind of time commitment are you willing to give to CPC? (hours/days per month) _____

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 Care Net Pregnancy Centers of Central Indiana to verify their accuracy and 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 provision 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 policies and rules, including those rules relating to maintaining client confidentiality, I recognize that, as a volunteer, I will serve in a different role than employees 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 this ministry.

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

Signature of Applicant _____ Date _____

