

Volunteer Application

(Confidential)



Southern Ohio Pregnancy Center
135 W. Walnut Hillsboro OH 45133
937.393.2990

Contact Information	
Name	
Street/Mailing Address	
City, State, Zip	
Home/Cell Phone	
Email Address	
Birth Date	
Marital Status	
Occupation	

Availability

Place a check in the boxes days and times which you are you available for volunteer opportunities.

Weekday mornings (10:00 – 1:00)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
Weekday afternoons (1:00 – 4:00)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
All Day (10:00 – 4:00)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday

Check the service opportunities you would prefer. (Training Provided)

Receptionist	Greet guests; answer phone; miscellaneous administrative duties; reminder and confirmation phone calls (no for solicitation), scripts provided.
Client Advocate	When a woman reaches out for help, you'll become her advocate. You'll listen to her story and seek to understand her concerns. As you offer information about pregnancy options, your goal will be to support and equip her to make an informed decision — with the hope and encouragement that she would choose a life-giving option for herself and her unborn child. Note: Men/Fathers also use the Center's services, many are the custodial parent.
Special Events Administrative Projects	Banquet (Spring) Walk for Life (Fall) – set up, clean up and miscellaneous duties. Specific one-time administrative projects (making packets, stuffing envelopes, labeling newsletters, etc.)
Parenting Class Facilitator	Facilitating classes for soon-to-be parents and parents of toddlers. All curriculum is provided. These classes are provided during Center hours and after Center hours.
Church Liaison	Serve as a vital link between your church and the SOPC regarding needs and events.

Personal Spiritual Belief

Church of Attendance _____

Minister _____ Phone _____

How long have you attended this church? _____

Have you accepted Christ as your Lord and Savior? _____ How long have you been a Christian? _____

Please provide a brief statement of faith _____

In what areas are you currently serving or have you served at your church in the past? _____

List Previous Volunteer Experience

List Educational Background, Degrees or Certifications

Personal Views and Knowledge

Would any of the following circumstances be acceptable to you as a reason for a woman to consider abortion? If yes, please explain.

Rape/Incest _____

Extreme psychological stress _____

Baby abnormality _____

Health of the mother _____

A form of birth control _____

Baby's father non-supportive _____

Other _____

Are you aware that most birth control pills and birth control methods cause abortions? _____

What are your views regarding birth control use for the single woman? _____

Would you agree that abstinence is the only option for a single man or woman? _____

If no, why? _____

As the Center's beliefs are based on God's Word, all volunteers and staff must be abstinent while single and faithful in marriage.

Have you had a personal experience with a single mother-to-be? _____

Have you had a personal experience with adoption? _____

Are you considering adoption at this time? _____

When do you believe sexual intercourse is permissible? _____

In this section, please make a general evaluation of your knowledge in the following areas:

Knowledge of abortion methods and procedures

Excellent___ Good___ Fair___ Poor___

Knowledge of existing laws regulating abortion

Excellent___ Good___ Fair___ Poor___

Knowledge of what the Bible teaches about abortion

Excellent___ Good___ Fair___ Poor___

Have you ever counseled a woman who was considering an abortion? _____

Have you personally ever had an abortion? _____ If yes, please briefly list all counseling or post-abortion support groups you have been involved with. _____

If you have not been through a post- abortion counseling session you must complete one before you will be permitted to counsel. The SOPC can provide counseling sessions or give you a referral.

What spiritual gifts, talents or personality strengths can you bring to this ministry? _____

What are possible areas of weakness in regard to the above question? _____

What if any personality types would you have difficulty working or counseling? _____

Does your spouse/family support your involvement in this ministry? _____

Briefly state your interest in volunteering at the SOPC. _____

References

Please list information for one friend and for your minister (or spiritual mentor) that we may contact.

Name _____

Name _____

Phone # _____

Phone # _____

Email _____

Email _____

Person to Notify in Case of Emergency

Name _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____

Agreement and Signature

By submitting this application I affirm that the facts set forth are true and complete. I have also read SOPC's Statement of Faith and Principle and agree with their purpose. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. 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. SS# will be required.

Name (printed) _____

Signature _____ Date _____

Thank you for completing this application and your interest in volunteering with the SOPC. Please return your application to the SOPC by mail or in person. Thank you!

SOPC
ATTN: Deanna Smaltz, Director
135 W. Walnut
Hillsboro, OH 45133