

*Southern Ohio Pregnancy Center*  
*135 W. Walnut Hillsboro OH 45133*  
*937.393.2990 or 8429*  
[www.sopcwecare.com](http://www.sopcwecare.com)

*Confidential SOPC Board Application*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

*Birth Date* \_\_\_\_\_ *Marital Status* \_\_\_\_\_

*Occupation* \_\_\_\_\_

*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 about your personal relationship with Jesus Christ.*

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

*In what areas are you currently serving at your church or have served?* \_\_\_\_\_

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

*Please list previous or current volunteer experiences.* \_\_\_\_\_

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

List your education background and any degrees or certifications you have. \_\_\_\_\_

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What spiritual gifts, talents or personality traits can you bring to this ministry? \_\_\_\_\_

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Have you previously or are you currently serving on a non-profit board. Please list.

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Why do you desire to serve on the SOPC Board?

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Does your spouse/family support your involvement in this ministry? \_\_\_\_\_

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Are you currently seeking to adopt a child? \_\_\_\_\_

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The Board currently meets on the third Thursday of each month. Is there any conflict with the meeting date? \_\_\_\_\_

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In reviewing the Statement of Faith and Principle are you uncomfortable with any aspect of the statement? Please explain. \_\_\_\_\_

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*Would any of the following circumstances be acceptable to you as a reason for a woman to consider abortion?*

*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 are abortifacients?* \_\_\_\_\_

*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?* \_\_\_\_\_

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

*Have you personally experienced an abortion or contributed to an abortion decision?* \_\_\_\_\_

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

*(If you have not been through a post abortion counseling session you must complete one before you serve. We can provide one or refer you to one.)*

*Personal abortion knowledge: 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\_\_\_*

## *References*

*Please list two people other than your minister we may contact for references.*

*Name* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Name* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Thank you for your interest in the SOPC Ministry*

*Please return your application to the Center personally or mail to:*

*SOPC*

*135 W. Walnut*

*Hillsboro OH 45133*