

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

*Confidential Volunteer 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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What might your weakness be regarding the above question? \_\_\_\_\_

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What if any personality types would you have difficulty working with? \_\_\_\_\_

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

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Briefly state your interest in volunteering at the SOPC. \_\_\_\_\_

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Are you available to volunteer during the Center's open hours? \_\_\_\_\_

How many hours monthly are you willing to volunteer? \_\_\_\_\_

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 volunteers must be abstinent while single and be faithful in marriage.

In what area of the SOPC ministry would you like to serve? You may select more than one.

Peer counseling with clients \_\_\_\_\_

Receptionist/Secretary \_\_\_\_\_

Clothing (sorting & organizing) \_\_\_\_\_

Special projects \_\_\_\_\_ [Banquet, Walk-A-Thon, Baby Bottle Blessing, etc.]

Church liaison \_\_\_\_\_

Light housekeeping \_\_\_\_\_

Ground maintenance \_\_\_\_\_

Thank you for your interest in the SOPC ministry.

If you are interested in counseling or receptionist, please continue with the application.

*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\_\_\_*

*Have you ever counseled a woman who was considering an abortion? \_\_\_\_\_*

*Have you personally ever had an abortion? \_\_\_\_\_ If so please briefly list what counseling or post abortion support group you have been involved in. \_\_\_\_\_*

*If you have not been through a post abortion counseling session you must complete one before you are able to counsel. We can provide one or refer you to one.*

*Have you had any personal experiences with an unwed mother? \_\_\_\_\_*

*Have you had any personal experience with adoption? \_\_\_\_\_*

*Are you considering adoption at this time? \_\_\_\_\_*

*When do you believe sexual intercourse is permissible? \_\_\_\_\_*

*Please review the SOPC's [Statement of Faith and Principle](#). Are you uncomfortable with any aspect of the statement? Please explain. \_\_\_\_\_*

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

*SOPC*

*135 W. Walnut*

*Hillsboro OH 45133*