**Volunteer Interest Form**

Parkville Women’s Clinic’s mission is to engage, equip, and empower individuals to make informed decisions about pregnancy, sexual health, and relationships with Christ-like compassion.

Thank you for your interest in volunteering with Parkville Women’s Clinic. Please review and sign the Statement of Faith and Code of Christian Conduct form to ensure that PWC is a good fit for you. If so, complete this interest form and return to the clinic. The form will be kept confidential with only those involved in the selection process. Feel free to attach additional sheets. Resume is optional.

All volunteers are expected to annually review and affirm their agreement with the Statement of Faith and Code of Christian Conduct as a condition of affiliation with the clinic regarding doctrinal belief and practical application.

Submission of this interest form does not guarantee a volunteer position. If approved, an application will be sent to you.

• Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

• Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Emergency Contacts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active Church Member? \_\_\_\_\_\_\_\_\_\_\_

• Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• How did you hear about the clinic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• What do you know about our work/mission? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• Volunteer Position(s) interested in (Please list special skills/gifts such as fluent use of another language or experience in fundraising.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• How many hours per week/month would you be able to commit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Please give a brief summary of your Christian beliefs and how you were led into pro-life ministry:

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

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• Please list all pro-life activities and participation in other ministries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• Why do you want to volunteer here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• Under what circumstances do you feel abortion may be justified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• Have you, or has anyone close to you, ever had an abortion? If so, when and what were the circumstances? Our organization requires that anyone who volunteers with us and has had one or more abortions must first receive post-abortion healing. (We provide opportunities for this healing.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• We do not offer, recommend, or refer for abortions, abortifacients, or contraceptives. We are committed to offering accurate information about related risks and procedures. Are you able to agree with these standards? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Are you willing to sign our Statement of Faith & Code of Christian Conduct? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Educational and Work Experience (Resume is optional.)

• Were you ever discharged, rejected during probation, or resigned under pressure or unfavorable circumstances from any employment? Yes No If yes, please explain below.

• Have you ever been convicted of a felony? Yes No If yes, please explain below.

Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify the information in this application is true, correct, and complete. I understand that, if chosen to volunteer, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon an offer, Parkville Women’s Clinic will engage in a background check. The background form will be a separate form for authorization.