



## Volunteer Application

**Thank you for your interest in volunteering at Tri-Country Pregnancy Resource Center!  
Please fill out the information below. We look forward to meeting and visiting with you.**

<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Address:</b>		<b>DOB:</b>
<b>Occupation:</b>	<b>Employer:</b>	

**Education:** High School Graduate \_\_\_\_ Trade School \_\_ College \_\_

**References: Please list three references you have known for 5+ years**

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>	<b>Years Known:</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

**Please tell us a few reasons why you are interested in volunteering at the pregnancy center.**



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**Have you had any previous volunteer experience? In the space below, please tell us where and when.**

**Do you have experience working with teens or young adults?**

**Tell us about some of your strengths.**

**What do you feel are your weaknesses?**

**Tell us a little about your skills, gifts, or personality traits you think make you a good fit for this outreach.**

**Church Affiliation:**                      **Are you involved with this church regularly?**    **Yes:**                      **No:**

**Pastor's Name:**                      **May we contact your pastor?**                      **Yes:**                      **No:**

**Days and Times for an interview.**

1.    2.    3.

**We are required to conduct a background check on all volunteers before we can accept them for employment. Please sign below if you give your consent for us to conduct a background check. Thank You!**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_