

## Volunteer Application

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Address City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Birth: \_\_\_\_\_

Have you been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE:** List most recent volunteer experiences.

Organization: \_\_\_\_\_

Position Duties: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Position Duties: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES:**

Please list persons who are not related to you and who have known you for at least two years.

Name	Phone	Years Acquainted	Relationship
1. _____			
2. _____			

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my capabilities. I release the pregnancy center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a criminal background check to the extent to my volunteer duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules including those rules relating to maintain client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the pregnancy center’s Code of Christian Conduct.

Signature of Application: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Volunteer Guidelines & Expectations

We appreciate your partnership with Alpha and ask that you work alongside us to keep our facility as safe as possible for all clients and staff. These guidelines are not intended to restrict your services, but rather to encourage the most beneficial impact for everyone involved. Agreeing to serve at Alpha Pregnancy Care Center implies that you will carefully adhere to the following expectations. Violation of these expectations may result in termination of your volunteer services.

### GENERAL

- Each volunteer is required to sign-in and out upon arrival.
- All volunteers are expected to live out the core values and respect them.
- The use, possession, or being under the influence of alcohol or drugs is not allowed on Alpha premise or where Alpha activity is being conducted.
- We are not responsible for any personal belongings that are brought into the building.
- For the safety of others, please do not serve when you are sick.
- Supplies, food, and other resources are for client benefit and not applicable or eligible for volunteers unless approved by the Center Director.

### CLIENT RELATIONS

- Any client relationship outside of the assigned role must first be reviewed with the Center Director.
- No romantic or sexual relationships of any kind are permitted between Alpha Pregnancy clients, volunteers, or staff.
- Do not share personal details with clients. This can include home address, contact information, and social media accounts.
- Do not offer to do any personal favors for clients and their families or offer money/loans. If asked, please refer them to a staff member or an appropriate community agency.
- Meeting with a client off Alpha property is done at your own risk and we accept no responsibility for your safety, well-being, or actions of the client.
- Do not promise any client strict confidentiality or indicate that you will withhold information from staff on their behalf.
- To protect the safety of the individuals we serve, do not disclose any information you've learned about our clients or community members with anyone other than the Center Director. This includes names, descriptions of individuals, acknowledging them outside Alpha and other personal information.

I agree to uphold these guidelines and recognize that any violation can jeopardize my ability to volunteer:

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

Director: \_\_\_\_\_ Date: \_\_\_\_\_