

APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Phone # _____ Email Address _____

Are you over 18 years old? ___ Yes ___ No Marital Status _____

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, explain: _____

Are you legally eligible for employment in the United States? *(If offered employment, you will be required to provide documentation to verify eligibility)* ___ Yes ___ No

Education:

1. High School: Completed/G.E.D.: ___ Yes ___ No

School name _____

2. College and/or Vocational School

School(s) _____

Degrees earned _____ Currently Enrolled? ___ Yes ___ No

Describe other training or degrees _____

*The mission of the Pregnancy Care Center of MHC, Inc. is:
Saving lives and giving hope to future generations by offering Christ-like love in a
compassionate and responsive manner that values the family and empowers our clients to
respect life.*

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employment History: List most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

****Please include a current resume with your submitted application that details any other relevant experience***

Additional Information:

1. Do you consider yourself a Christian? ___ Yes ___ No

If yes, how long have you been a Christian? _____

2. As a Christian, what is the basis of your salvation?

3. What is your reason for seeking a professional relationship with the PCC?

4. In your own words, describe how you understand the mission of the PCC.

5. This organization is a Christian ministry. We do not perform, nor do we refer for abortions. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your association with the PCC.

6. What special skills, talents, gifts, or personality traits can you bring to the ministry of the PCC?

7. Have you ever counseled a woman who was considering an abortion? ___ Yes ___ No
If yes, explain:

8. Have you had any traumatic experiences relating to abortion? ___ Yes ___ No
If yes, explain:

9. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

- _____ Never an option
- _____ In cases of rape or incest
- _____ In cases where the mother's life was in extreme peril
- _____ In cases of extreme psychological distress
- _____ Other (specify) _____

10. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

11. How would you rate yourself in the following areas?

- a. Knowledge of abortion methods excellent___ good___ fair___ poor___
- b. Knowledge of current laws concerning abortion excellent___ good___ fair___ poor___
- c. Knowledge of what the Bible teaches about abortion excellent___ good___ fair___ poor___

12. Are you currently or have you ever been involved in seeking to adopt a child? ___ Yes ___ No
If yes, explain:

13. What do you consider to be your possible areas of weakness?

14. What do you consider to be your greatest strengths?

15. Are there any personality types with whom you have difficulty working?

16. Please provide the following information concerning your local church.

Church name _____ Denomination _____

Address _____

Pastor's name _____ Phone _____

Positions in which you have served/Positions you have held _____

References:

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

	Name	Address	Phone #	Years acquainted	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize the Pregnancy Care Center of MHC, Inc. (PCC) to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the PCC 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. If I become associated with the PCC, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality.

Signature of Applicant

Date