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Volunteer Application

The following information is helpful in selecting/assigning volunteer roles, planning training, and collecting data for evaluation.* Any information you choose to provide will be kept confidential. Placement will be made only after an interview when both parties can ask and answer questions. Prior to that, please help us get to know you.

Name: Miss Ms. Mrs. Mr. Other _____
First _____ Middle _____ Last _____

Nickname _____ Maiden Name _____

Are you over 18? Yes No Male Female.

Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ What is the best way for you to be reached? _____

Permanent Address (if different than above): _____

City _____ State _____ Zip _____

How did you hear about Abria? _____

Do you have any previous affiliation with Abria? No Yes If yes, please indicate affiliation: _____

Education (please complete where appropriate):

| | Enrolled | Graduated (yr) | Course of Study (major/minor) | Name of Institution |
|--|----------|----------------|-------------------------------|---------------------|
| High School or GED Certificate Program | | | | |
| Vo-Tech | | | | |
| College | | | | |
| Post Graduate Study | | | | |

Other Education (please explain): _____

Please feel free to include a copy of your resume if available.

Employer Name (current): _____

Address _____ Work Phone _____

Position _____ Email (optional): _____

Part Time Full Time Length of Employment (yrs) _____

Previous employment experiences: _____

Please provide two references, preferably not family members

Name and Relationship _____ Telephone _____

Name and Relationship _____ Telephone _____

**Abria Pregnancy Resources takes seriously our duty to protect the confidentiality of your private identifying information. We will not share such information with anyone outside of the center without your written permission*

Please indicate friends or family connected to *Abria Pregnancy Resources* (for children, please include date of birth):

| Name | Relationship | Name | Relationship |
|-------------------------------|--------------|--------------------|--------------|
| Emergency Contact: Name _____ | | | |
| Relationship _____ | | Phone Number _____ | |

Emergency Contact: Name _____

Relationship _____ Phone Number _____

Do you have any health problems or physical disabilities which would prevent you from performing certain kinds of work?

No Yes If yes, please explain: _____

Have you ever been charged with any kind of criminal activity? No Yes

If yes, please explain: _____

Please describe your organization affiliations and any previous volunteer experience _____

Please indicate the specific time(s) and day(s) you would be available to be scheduled:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Afternoon | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Evening | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Why do you want to volunteer with Abria? _____

Have you ever counseled or helped anyone who has considered an abortion? No Yes

If yes, please explain: _____

Please indicate your thoughts and feelings about the following: *(Feel free to use an additional sheet if you wish to elaborate).*

- Pregnant unmarried teenage girls _____
- An abortion-minded woman _____
- Abortion in cases of rape, incest, or fetal deformity _____
- A woman who has had an abortion _____
- Adoption _____
- Contraception _____

My signature below indicates that the information that I have included in this Volunteer Application is true and accurate to the best of my knowledge. I understand that submitting this form is not a guarantee of placement as a volunteer for Abria Pregnancy Resources, and that placement will be made only after an interview and other background screening, including a criminal background check through the Bureau of Criminal Apprehension. I agree that Abria Pregnancy Resources may use the information provided on this form to conduct such background screening. Finally, I understand that my volunteer position will require training prior to being allowed to start serving in that position.

Signature _____ Date _____

Volunteer Skill Survey

We are continually finding new ways for our volunteers to help in achieving the Abria Pregnancy Resources mission. Please take a moment to indicate areas in which you have skills and experience that you would be willing to share with us.

1. Human Services

- Child Care
 - Child Development
 - Family Management
 - Advocacy
 - Mentoring
 - Crisis Intervention
 - Counseling
 - Health (maternal & child)
 - Parent Education
 - Transportation
 - Teen pregnancy/parenting
 - Financial Management
 - CPR-Certified, Exp. date _____
 - CPR-Trainer
 - Sign Language
- Skill level: Minimal Good Excellent

2. Management Skills

- Leadership/Supervision
 - Staff/Volunteer Training
- Subjects: _____
- Focus Group Facilitation
 - Program Planning/Evaluation
 - Marketing

3. Development/Fundraising

- Direct Mail/Telemarketing
- Grant writing
- Estate/Financial Planning
- Special Event Coordination
- Prospect Research

4. Communications/Public Relations

- Speakers Bureau
- Community Outreach
- Communication Planning
- Writing
- Media Relations
- Graphic Design
- Desktop Publishing
- Photography
- Video & Slide Show Production
- Display Work
- Sign & Poster Production

5. World Cultures

- Education in _____
 - Foreign Language _____
- Fluency level: Minimal Good Excellent

6. Music & Drama

- Acting
- Clowning
- Instrument: _____
- Singing
- Story Teller
- Puppetry
- Mime
- Dancing
- Other: _____

7. Facilities/Maintenance

- Carpentry
- Landscaping/Gardening
- Painting
- Furniture or Equipment Repair
- Pick-up & Delivery of Donations
- Housekeeping (cleaning toys, laundry)

8. Creative Activities

- Calligraphy
- Cooking
- Sewing
- Knitting or Crocheting
- Face painting
- Kid's Arts & Crafts
- Other: _____

9. Sports/Recreation

- Sports - General
- Swimming/WSI
- Swimming-Advanced Lifesaving
- Recreational Outings
- Other: _____

10. Professional/Support Services

- General Office Skills
- Computer Word Processing
- Computer Training/Instruction
- Data Entry
- Computer Programming
- Web Site Development

11. Other

TOTAL LIFE-CARE CENTERS, INC. AND LIFECARE CENTER POLICIES AGREEMENT FOR PERSONNEL

It is our experience that our personnel – both paid staff and volunteers - need to agree with our organization’s policies on the life issues in order to provide consistent and effective services to our clients. It is vital that our personnel have the understanding that all people are made in the image and likeness of God and that every individual has the right to life from the moment of conception until natural death.

As personnel of Abria Pregnancy Resources, I agree to follow and promote the practices and policies of Abria Pregnancy Resources, as well as the policies and philosophy of Total LifeCare Centers, Inc. (TLC). In general, these are:

- We are advocates for the unborn, their mothers, and family.
- Life begins at conception.
- Abortion is always morally wrong.
- We will not encourage the use of or refer for hormonal, barrier, or sterilization methods of contraception (birth control):
 - Unmarried men and women are counseled to choose chastity (abstinence).
 - Married couples seeking assistance with family planning are encouraged to practice Natural Family Planning (NFP) and chastity.
- Clients are to be treated with compassion, sensitivity, and respect.
- All information confided by clients will be kept confidential with the exception of statutory requirements for reporting abuse or neglect of a minor.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Thank you for your interest and concern in the effort to offer life-affirming alternatives to women and life to the unborn!