



APPLICATION FOR VOLUNTEERS

Position Applied For _____ Application Date _____

Legal Name _____ Preferred Name _____

Other names (maiden, previous marriage, etc.) _____

Address of residence _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____

Phone (home) _____ (work) _____ (cell) _____

Date of Birth _____ SSN ____ - ____ - ____ Driver's License # _____

Previous addresses:

Street _____ City _____ County _____ St _____ Zip _____ from _____ to _____

Street _____ City _____ County _____ St _____ Zip _____ from _____ to _____

Street _____ City _____ County _____ St _____ Zip _____ from _____ to _____

Church Membership:

Current _____ Location _____ Member since _____

Previous _____ Location _____ from _____ to _____

Education:

HS ____ GED ____ Jr. College ____ University ____ BA ____ BS ____ MA ____ PhD ____ Major _____

Other education: _____

Certification(s): _____

License(s): _____

Relevant life experience: _____

What languages do you speak fluently? ____ English ____ Spanish ____ Other

Employment History: (list current, or most recent first)

Employer _____ Address _____ City _____ State _____

Position/duties _____ Phone _____

From _____ to _____ Reason for leaving _____

Employer _____ Address _____ City _____ State _____

Position/duties _____ Phone _____

From _____ to _____ Reason for leaving _____

Employer _____ Address _____ City _____ State _____

Position/duties _____ Phone _____

From _____ to _____ Reason for leaving _____

Volunteer Experience: (list most recent service first)

Organization _____ Date of service: from _____ to _____

Address _____ City _____ State _____

Position/duties _____

Phone _____ Supervisor _____

Organization _____ Date of service: from _____ to _____

Address _____ City _____ State _____

Position/duties _____

Phone _____ Supervisor _____

Organization _____ Date of service : from _____ to _____

Address _____ City _____ State _____

Position/duties _____

Phone _____ Supervisor _____

References: Please provide references from three individuals, other than relatives. One of the references should be from your current Pastor. Ask each reference to complete the Personal Reference Form provided.

******This organization is a Christian, pro-life ministry. We believe our faith in Jesus Christ motivates us to provide pregnancy-related services in this community.***

Please write a brief statement of how your faith would influence your work with Kerr Country Christian Action Council and its ministries. (Use a separate piece of paper)

Affidavit of Loyalty

I have read and agree to conduct myself in accord with the Mission Statement, Statement of Faith, Statement of Principle, and Commitment of Care of Kerr County Christian Action Council.

Signature _____ Date _____

Background Checks

The nature of the ministry of TPRC is such that persons associated with it as employees or volunteers may on occasion have unsupervised contact with vulnerable populations such as minors and victims of abuse, neglect, domestic violence, etc., therefore, all applicants are expected to consent to a thorough background investigation such as criminal background, motor vehicle records, sex offender register, and character references. Falsification of information submitted in application materials is cause for corrective action up to rejection of the application, or, if hired and subsequently found to be false or misleading, cause for corrective action up to and including dismissal.

Consent for Background Investigation

I, _____, hereby give permission for the Pregnancy Resource Center to obtain information relating to my criminal history, if any. The criminal history and/or driving record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications.

Select one or both as necessary: ____ Criminal background check, ____ Motor Vehicle Driving Record

Signature _____ Date _____

Release and Hold Harmless Agreement

I, _____, hereby give permission for the Pregnancy Resource Center to contact any and all persons concerning my suitability for the position I have applied for and agree to hold harmless both TPRC, its Trustees, Directors, Officers, employees, and volunteers for any consequence of said investigation. I further hereby authorize all previous employers and their representatives to disclose without limitation such information as may be requested relative to this application.

Signature _____ Date _____

Certification

I hereby certify that, to the best of my knowledge, the facts set forth in this application are true, correct, and complete. If accepted for volunteer service with KCCAC, I agree to fully adhere to its policies and procedures including those rules relating to maintaining client confidentiality. I understand that falsification of information submitted on this application is cause for corrective action up to rejection.

Printed Name _____ Signature _____ Date _____

I hereby give permission to The Pregnancy Resource Center and its affiliates to use my photograph in any publications that are being used for marketing and or fundraising.

Printed Name _____ Signature _____ Date _____

Please submit your completed application to ed@thepregnancyresourcecenter.org or to our mailing address:

Executive Director
The Pregnancy Resource Center
PO Box 291832
Kerrville, Texas 78029-1832

Or to one of our locations:

First Choice Reproductive Health
718 Alpine Drive, Suite B, Kerrville, TX 78028

The Parenting Resource Center
718 Alpine Drive, Suite A, Kerrville, TX 78028