



Date: _____

VOLUNTEER APPLICATION

Shared Pregnancy is a non-profit Christian ministry. Volunteers are needed for many different jobs.

Name _____ Birth Date _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____

E-Mail _____ Marital Status _____

Emergency Contact Name _____

Phone # _____ Relationship to you _____

Describe your educational background:

Describe any volunteer experience you have had:

How did you hear about Shared Pregnancy Women's Center, and why do you want to volunteer here?



Do you have any personal experience with an unplanned pregnancy? What was that experience like?

Tell us about your Christian faith.

Are you a member of a church or do you regularly attend church?

What are your strengths and spiritual gifts that you are able to share with clients, staff, volunteers and others at Shared Pregnancy?

Under what, if any, circumstances might you refer a woman for abortion?

List days and times you are available to volunteer at Shared Pregnancy. The center is open Monday through Thursday from 9:00 am – 4:00 pm.



Please list the names and addresses of three references:

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____



CONFIDENTIALITY AND NON-DISCLOSURE

We make available to each employee certain information including clients' names, history and addresses, communications, files, bills and payment records, office forms, or manuals, etc. These items are of substantial value, highly confidential, constitute the professional and trade secrets of the center, and are provided and disclosed to the employee solely for use in connection with your employment. We ask our employees to honor the following:

- To regard and preserve practice information as highly confidential and trade secrets of the employer. Such information must not be discussed away from the premises or within hearing distance of any patient or unauthorized person.
- To not disclose, or permit to be disclosed, any of this information to any person or entity.
- To not photocopy or duplicate, and not permit any person to photocopy or duplicate, any of the information without the employers' consent or approval.
- To continue to keep any information inviolate even after termination of employment with the office.
- To release personal information about other staff members (telephone number, address, etc.) only with the staff member's specific prior approval in writing.

Employees who handle confidential information are responsible for its security. Extreme care should be exercised to ensure it is safeguarded to protect the practice, each staff member, the suppliers, the clients and the board. Any employee who violates this confidentiality and disclosure policy is subject to disciplinary action up to and including discharge, and in extreme cases, legal action.

Name _____ Date _____