Bastrop Pregnancy Resource Center Volunteer Application

Personal Information

First name, middle initial, and last name:	
Home street address:	
City, state, and zip code:	
	Cell phone:
Email:	
Spouse's name:	Spouse's occupation:
Children's names and ages:	
How does your spouse / family feel about you be	coming a volunteer at BPRC?
Describe your family lifestyle:	
Educational, work, and volunteer experience	
Occupation:	
Employer:	
Did you graduate from high school?	Did you graduate from college?
Other educational information (degrees, training	, etc.):
Work experience:	
Volunteer experience:	

Talents	s/gifts:
Religio	us background
Are yo	u a Christian?
If yes:	When did you first trust Jesus as your Savior?
	Where is your church membership?
	Church address:
	Pastor's name: Phone:
	Are you willing to share your faith in Jesus Christ with others?
	be your stance on abstinence, abortion, and other pro-life issues:
	ole at BPRC rould you like to volunteer at Bastrop Pregnancy Resource Center?
Please	list two references and their phone numbers:
2.	

Bastrop Pregnancy Resource Center Volunteer Agreement

Recognizing that the Bastrop Pregnancy Resource Center is an evangelical ministry, I openly acknowledge my personal faith in my Lord God and Savior, Jesus Christ. I have read and agree with the Statement of Faith and BPRC's Missions Statement and agree to uphold the standards of both.

I believe in the doctrine of sexual purity outside of marriage as stated in the Bible (1 Thessalonians 4:1-5). I agree to uphold the highest moral integrity and specifically to not engage in premarital or extramarital affairs, pornography, or any other behavior that would dishonor Our Lord, BPRC, and its advocates.

I believe in the sanctity of human life as taught in the Bible, with no exceptions, and therefore reject abortion as an acceptable option for any woman facing pregnancy.

I accept the responsibility to act as an advocate on behalf of BPRC, to give accurate information, emotional support, and spiritual guidance to all I encounter. ALL INFORMATION ON BPRC CLIENTS WILL BE KEPT IN STRICT CONFIDENCE. I WILL CONTINUE TO KEEP THE INFORMATION CONFIDENTIAL EVEN AFTER I AM NO LONGER A VOLUNTEER AT BPRC.

I have read, understand and agree with BPRC Policies and Procedures and will at all times uphold it. I acknowledge that I have read, understood, and agreed not to commit any of the prohibited acts as stated in the Bylaws of the Organization in Article XII.

Volunteer Signature:		Date:	
Director Signature:		Date:	
Do not write on this section (Director	Comments)		
Interview date:	Interviewed by:		
Comments:			
Director approval signature		Date	