



Application: Volunteer for Client Care

Name: _____ Date: _____

Address: _____

Street City, State Zip Code
Phone: (H) _____ (C) _____ (W) _____

Email Address: _____

Date of Birth: _____ SS #: _____

Educational Background:

Occupation (if applicable): _____

Employer: _____

Languages spoken: _____

Marital Status: _____ Spouse's name (if applicable): _____

Spouse's place of employment: _____

How does your spouse and /or family feel about your involvement with Lifeline of Berks County?

How many children do you have? _____ Ages (if applicable): _____

Name of your parish/church (if applicable): _____

Previous volunteer experience:

How did you learn about Lifeline?

What interested you in volunteering at Lifeline of Berks County?

Have you ever had an experience involving an abortion or unplanned pregnancy?

Yes

No

If Yes, please describe:

Are there any issues or events in your life that could affect your volunteer work?

When are you available to volunteer (e.g., day of the week, daytime/evening, etc.)?

Please check the volunteer opportunities you are most interested in pursuing:

- Client Advocate (explains options and assists in opening opportunities for clients interested in choosing life.)
- Follow-up mentoring (working one-on-one with clients who want to take control of their life through learning about decision-making, building healthy relationships, or preparing for parenthood or adoption)
- Abortion recovery (helping those suffering from emotional and behavioral difficulties caused by their past abortions learn to find healing and hope)
- Medical volunteer (perform pregnancy tests, sti testing and treatment, reproductive health teaching, and possibly ultrasound.)

Notes: (For office use only.)

Create in Database

Create File