

**Bastrop Pregnancy Resource Center**  
**Administrative Council Application**

**Personal information**

First, middle initial and last name \_\_\_\_\_

Home street address \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Children's names and ages \_\_\_\_\_

How does your spouse/family feel about your servicing on the BPRC Council? \_\_\_\_\_

\_\_\_\_\_

Describe your family lifestyle \_\_\_\_\_

\_\_\_\_\_

**Educational, work and volunteer Council/Board experience**

Did you graduate from high school? \_\_\_\_\_ Did you graduate from college? \_\_\_\_\_

Other educational information (Special qualifications: degrees, training, counseling, leadership experience etc.) \_\_\_\_\_

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\_\_\_\_\_

Work experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leadership/Council/Board experience

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Gifts and talents

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Current volunteer commitments

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Are there any personalities/socio-economic backgrounds with which you might have difficulty?

\_\_\_ yes \_\_\_ no

If yes, which one(s)?

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**Religious background**

Are you a Christian? \_\_\_\_\_ yes \_\_\_\_\_ no

When did you become a Christian?

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Where is your church membership?

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Pastor's name

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Phone

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Church address

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*\*Please submit a letter from your pastor to acknowledge your involvement in this ministry.*

How frequently do you attend?

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What role do you believe prayer plays in this ministry?

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In a couple of paragraphs describe your stand on abstinence and pro-life.

**Your role at BPRC**

Why would you like to be a Council member for Bastrop Pregnancy Resource Center? \_\_\_\_\_

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In what other areas would you like to serve BPRC? \_\_\_\_\_

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What are your areas of expertise/contributions you feel you can make to BPRC? \_\_\_\_\_

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Council members are required to serve on one of BPRC's committees. What is your preference?

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- Prayer committee
- Facility committee
- Fund-raising committee
- Marketing/Public relations committee
- Professional committee
- Client Advocate committee
- Project development committee
- Personnel/volunteer committee
- Events committee

Council members are required to conduct one fundraiser per year of service. This can be as simple as you like. For example, pledges from your friends or hosting a fund raiser luncheon/dessert/fellowship, golf tournament, etc. What type of fund raiser would you like to conduct? \_\_\_\_\_

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**List five references with phone numbers.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I have read and agree with the Bastrop Pregnancy Resource Center Bylaws..

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Bastrop Pregnancy Resource Center  
Release for Criminal History Record Check  
Administrative Council Applicants**

Dear Applicant:

Bastrop Pregnancy Resource Center is authorized by Section 411.128 of the Texas Government Code to perform criminal history record checks on Administrative Council member applicants.

Pursuant to this authority, Bastrop Pregnancy Resource Center must obtain the following information to perform a criminal history record check. This information will be used only for the purposes of obtaining a criminal history record from the Texas Department of Public Safety or other appropriate federal, state, or local agencies.

The information you provide will not be used for evaluating your qualifications as an Administrative Council member with Bastrop Pregnancy Resource Center; however, the Center will consider your relevant criminal conviction record in determining your eligibility as an Administrative Council Member with the Center.

Name (first, middle, last) \_\_\_\_\_

Gender (circle) M F                      Race \_\_\_\_\_

Date of birth (month, day, year) \_\_\_\_\_

Social Security Number \_\_\_\_\_

I understand the purposes for which the above information will be used, and I have voluntarily provided such information to Bastrop Pregnancy Resource Center to be used for all authorized purposes.

I hereby request and authorize the Center, acting through any of its officers, employees, and agents to use the information provided by me on this form for performing a criminal history record check on me.

I understand and agree that the results of the criminal history record check will be used to assist the Center in determining my eligibility as an Administrative Council member with the Center.

I hereby release Bastrop Pregnancy Resource Center of Bastrop, Texas, and its officers, employees, and agents from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my eligibility as an Administrative Council member with the Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_ Submitted (initials)

\_\_\_\_ Cleared (initials)

