

Bastrop Pregnancy Resource Center

Client Advocate 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 you volunteering your time to BPRC _____

Describe your family lifestyle _____

Educational, work and volunteer experience

Did you graduate from high school? _____ Did you graduate from college? _____

Other educational information (Special qualifications degrees, training, counseling experience etc.)

Work experience _____

Volunteer experience _____

Gifts and talents _____

Religious background

Are you a Christian? _____ yes _____ no

When did you become a Christian? _____

Where is your church membership? _____

Pastor's name _____ Phone _____

Church address _____

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

How frequently do you attend? _____

How does a person become a Christian? _____

What is your attitude about sharing your personal faith in Jesus Christ with others? _____

Have you ever received training to share your faith in Jesus Christ? _____ yes _____ no

When, where and what type of program? _____

If no, are you willing to be trained in personal evangelism? _____ yes _____ no

What are your spiritual gifts? _____

What role do you believe prayer plays in this ministry? _____

Your role at BPRC

Why would you like to be a client advocate for Bastrop Pregnancy Resource Center? _____

In what other areas would you like to serve BPRC? _____

Have you had experiences or training that would be of value in BPRC work? ___ yes ___ no

Are you willing to attend the BPRC training sessions? ___ yes ___ no

Would you be willing to also serve on one of BPRC's committees? _____

If yes, what is your preference? _____

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

Do you prefer interaction in ___ large group ___ one on one ___ both?

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

___ yes ___ no

If yes, which one(s)? _____

Have you experienced anything traumatic in the past year? ___ yes ___ no

How have you dealt with it? _____

What was the outcome? _____

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

Briefly describe how you would advise a young woman experiencing an unplanned pregnancy.

Why do you believe you are capable of effectively working with a woman in an unplanned pregnancy?

If selected, when would you be available to work at BPRC? _____

If not selected initially, would you serve as an alternate? _____ yes _____ no

List five references with phone numbers.

1. _____
2. _____
3. _____
4. _____
5. _____

Signature

Date

After returning your application, you will receive a Statement of Faith, Mission Statement, and Prohibited Acts for the Bastrop Pregnancy Resource Center.

**Bastrop Pregnancy Resource Center
Release for Criminal History Record Check
Client Advocate 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 client advocate 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 a client advocate with Bastrop Pregnancy Resource Center; however, the Center will consider your relevant criminal conviction record in determining your eligibility as a client advocate 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 a client advocate 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 a client advocate with the Center.

Signature _____

Date _____

____ Submitted (initials)

____ Cleared (initials)

Do not write on this page (Director Comments)

Interview date_____

Interviewed by_____

Comments _____

Director approval signature

Date
