

**Bastrop Pregnancy Resource Center**  
**Volunteer 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 (degrees, training, etc.) \_\_\_\_\_

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

Volunteer experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts and talents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Religious background**

Are you a Christian? \_\_\_\_\_

**If yes:**

When did you become a Christian? \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Church address \_\_\_\_\_

Are you willing to share your personal faith in Jesus Christ with others? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If no:**

Do you believe in God? \_\_\_\_\_

\_\_\_\_\_

Do you believe that Jesus is the son of God? \_\_\_\_\_

\_\_\_\_\_

Have you thought about becoming a Christian? \_\_\_\_\_

\_\_\_\_\_

Would you like someone to talk to about becoming a Christian? \_\_\_\_\_

\_\_\_\_\_

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

**Your role at BPRC**

Why would you like to volunteer for Bastrop Pregnancy Resource Center? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to attend BPRC's training sessions? \_\_\_\_\_

Would you be willing to serve in one of the following areas? \_\_\_\_\_

If yes, what is your preference? \_\_\_\_\_

- Prayer Worrier
- Fund-raising
- Marketing/Public relations
- Client Advocate
- Project development
- Events planning

Would you like to be a financial supporter of BPRC? \_\_\_\_\_

If yes, how much would you like to contribute? \_\_\_\_\_

How often? \_\_\_\_\_

**List four references with phone numbers.**

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

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  
Volunteer 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 Volunteer 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 Volunteer with Bastrop Pregnancy Resource Center; however, the Center will consider your relevant criminal conviction record in determining your eligibility as a Volunteer 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 Volunteer 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 Volunteer with the Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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

