



Pregnancy Resources of Abilene
2110 North Willis
Abilene, TX. 79603
(325) 672-6415

PRA is a non-profit Christian organization dedicated to promoting and defending the sanctity and integrity of all human life.

Basic Commitments

PRA is committed to upholding the highest standard of Christian integrity and professionalism.

PRA is committed to providing its clients with accurate information.

PRA is committed to providing services that are strictly confidential, non-judgmental, and free of charge.

PRA is committed to treating each client with dignity, respect, and unconditional love and acceptance.

PRA is committed to assisting pregnant women to carry to term by providing emotional support and practical assistance.

PRA never advises, provides, or refers for abortion, abortifacients, or contraceptives.

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THANK YOU. We appreciate the time you have given in completing this application. God bless you richly as you trust Him to guide you.

Volunteer Application

Name _____ Date of Birth _____ Age _____

Address _____ City/State _____ Zip Code _____

Social Security Number _____ Home Phone No. _____ Cell Phone No. _____

Employment/Volunteer Record: List below three former employers & any organizations you have volunteered for during previous five years beginning with the most recent or present. Former employers /organizations will be contacted if you and PRA develop a strong mutual interest.

From Mo. Yr.	To Mo. Yr.	Name & Address of Organization	Position Held	Name & No. of Immediate Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education: Name of School Major Year Graduated

High School: _____

College: _____

Graduate School: _____

Other: _____

PERSONAL REFERENCES (not related to you) who have knowledge of your personal abilities and character.

1. Name _____ Nature of Relationship _____ Phone _____

Address _____ City/State _____ Zip Code _____

2. Name _____ Nature of Relationship _____ Phone _____

Address _____ City/State _____ Zip Code _____

3. Name _____ Nature of Relationship _____ Phone _____

Address _____ City/State _____ Zip Code _____

CHURCH REFERENCE

Pastor's Name _____

Church Name _____

Church Address _____

Church Phone _____

How long have you attended? _____

How are you involved at your church? _____

Name of Small group leader, Sunday school teacher, Bible study leader, etc. _____

CRIMINAL RECORD

Have you in the last seven years been convicted of any criminal offense? Yes No
If yes, indicate the nature of the offense, date, court and disposition.

Personal:

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Spouse's Name:

Spouse's Occupation

Children:

1. Name

Age

2. Name

Age

3. Name

Age

4. Name

Age

How does your family/spouse feel about this kind of work? _____

What do you feel are your strong areas? _____

Where do you feel you need to improve? _____

Why would you like to be a PRA volunteer? _____

Have you ever had the opportunity to counsel a woman experiencing a problem pregnancy? If yes, please explain. _____

What are your views on abortion? Any exceptions? _____

What are your views on abstinence outside of marriage? _____

If you are single, do you practice abstinence? _____

Briefly explain the plan of salvation. _____

I, the undersigned, understand that the information I have provided may be verified, if necessary by contacting persons named on this form. I agree to release from liability any person or organization that provides information. I also understand and agree that PRA may do further background checks on my personal driving record and criminal history (if any). I release PRA from any responsibility of doing such a check. In signing this form, I affirm that the information I have given is true and correct.

Signature

Date