



Alpha Center  
801E 41<sup>st</sup> Street  
Sioux Falls, SD 57105  
605.361.3500

www.alphacenterevents.org  
info@alphacenter.org

### VOLUNTEER APPLICATION

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number & street City State Zip code

Phone # \_\_\_\_\_ Social Security \_\_\_\_\_

Are you over 18 years old? \_\_\_Yes \_\_\_No Email \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_Yes \_\_\_No Date of birth: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

How did you hear about the Alpha Center? \_\_\_\_\_

#### Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: \_\_\_Yes \_\_\_No  
G.E.D.: \_\_\_Yes \_\_\_No

School name: \_\_\_\_\_

2. College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s): \_\_\_\_\_

Degrees earned: \_\_\_\_\_ Dates: \_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

#### Previous Volunteer Experience: List most recent volunteer experience first.

Organization: \_\_\_\_\_ Date of volunteer service: From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

Organization \_\_\_\_\_ Date of volunteer service: From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

**Employment History:** List most recent employment first.

Employer \_\_\_\_\_ Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

Employer \_\_\_\_\_ Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

**Additional Information:**

1. What is your reason for seeking to volunteer here? \_\_\_\_\_

\_\_\_\_\_

2. What are some of the areas you are interested in volunteering for?

- |   |                               |
|---|-------------------------------|
| _____ Mailings/Newsletters                                | _____ Clerical                |
| _____ Outside work  | _____ Men's Ministry          |
| _____ Daytime Client Advocate                             | _____ Hotline Client Advocate |
| _____ Specialty/Professional Services (Please List) _____ |                               |

3. Do you consider yourself a Christian? \_\_\_ Yes \_\_\_ No

If yes, how long have you been a Christian? \_\_\_\_\_

4. As a Christian, what is the basis of your salvation? \_\_\_\_\_

4. Please provide the following information concerning your local church.

Church name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_

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

Positions in which you have served \_\_\_\_\_

5. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

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

6. What special skills, talents, gifts, or personality traits would you bring to this ministry?

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



Name  
City/State/Zip

Address  
Phone #

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_