



VOLUNTEER APPLICATION

Thank you for your interest in the Lilyrose Pregnancy Support Centre! This application will help us get to know you and better utilise your special gifts and talents. Please feel free to use additional paper to answer the questions listed. No prior experience is necessary to volunteer at the PSC and training for all volunteers is provided by staff.

Today's Date: _____

E-mail Address: _____

Name: _____ Date of birth: _____

Address: _____ Marital status: _____

City: _____ Pcode: _____ Phone: (home) _____

Emergency contact: Ph: _____ Mobile/Work: _____

Address: _____ Relationship to you: _____

Church affiliation: _____

Languages spoken: _____

Physical limitations (if any): _____

List two individuals who will provide a written reference for you:

Pastor:	Address: Phone #:
Other:	Address: Phone #:

Please list the day(s) of the week and hours you are available to volunteer:

Example: Mondays 1:00 to 4:00; Tuesdays 10:00 to 2:00

Please list your work experience with the most recent first:

Company name and address	Job Title	Main job responsibilities	Dates of Service

Please list previous volunteer experience (if you have none, please indicate no experience):

Name of Organisation:	Responsibilities	Dates of Service

Please list all qualifications/Training/Skills:

Qualification:	Institution:	Date

Why would you like to volunteer at the Lilyrose Pregnancy Support Centre?

Please circle any areas you would be interest in:

Website update/maintenance / Client support work / Telephone counselling / Mentoring /
Marketing/advertising / Fundraising / Advocacy / Research / Database management /
Training / Other (please specify) _____

Do you have any personal experiences with abortion or adoption? If yes, please describe:

Please indicate your position on each of the following:

Statement of Faith:

Abortion:

Other comments:

