

Volunteer Application
Open Arms Pregnancy Center

2939 Haywood Road, Hendersonville, North Carolina 28791
(828) 676-4510 or (828) 676-4511 | openarmscpc@gmail.com

Today's Date _____

Name _____ Date of Birth: _____

Address _____ City _____ Zip _____

Phone Number _____ Email _____

Occupation _____ Marital Status _____

Do you believe in Jesus Christ? _____ Please Explain _____

Your Home Church _____ Address _____

City _____ Zip _____ Pastor's Name _____

Have you volunteered with other organizations in the past? _____ If so, please list _____

Are you currently volunteering with other organizations? _____ If so, please list _____

What special gifts, talents, or abilities would you bring to this ministry? _____

Describe your personality and how it would be an asset to this ministry. _____

What are you passionate about? _____

Please share something about yourself that would help us get to know you (all information shared will be kept confidential). _____

Briefly share your belief about abortion

Briefly share why you are interested in volunteering for a pregnancy center

Volunteer opportunities include the following:

Secretarial duties | Receiving and organizing donations | Housekeeping | Prayer partner | Receptionist duties | Publicity | Pregnancy Crisis Intervention Counselor (commitment of at least one day for four hours required) | Running errands | Speaking at Events | Fund raising | Post-abortion advocate | Greeting | Correspondence such as Newsletter | Teaching

I would be available to volunteer:

Number of days per week _____ **Number of hours per day** _____

Preferred days of the week (please circle): M T W Th

Confidentiality Agreement

I understand that all information concerning a client, a client’s family, and the situation that brought the client to Open Arms is to be kept completely confidential. I understand that this information is to be discussed only with other trained Open Arms volunteers for the purpose of benefiting the client. I agree to be respectful, non-judgmental, courteous, and attentive to all clients that come to open Arms for help, regardless of their race, creed, sex, or religion, thus fostering an atmosphere of trust and helpfulness. I understand that clients that come to Open Arms are usually in a crisis situation, thus, I sign this confidentiality statement understanding that if I voluntarily breach a client’s trust, I could possibly be asked to resign as an Open Arms volunteer.

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for any woman facing an unplanned pregnancy, except to save the life of the mother in some cases, e.g. tubal pregnancy.

Signature of Applicant: _____ Date: _____

For Office Use Only		
-----Application Completed	-----Application Approved	-----Start Date
-----Confidentiality Agreement Signed	-----Copy of Drivers License	-----Emergency Contact Sheet
-----Background Screening Form	-----Background Screening Submitted	-----Background Screening Completed