

# Shenandoah Pregnancy and Resource Center

PO Box 477, Shenandoah, Iowa 51601

## Volunteer Application

Name \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Best time/number to  
call \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse

Name \_\_\_\_\_

Children Number and  
Ages \_\_\_\_\_

Educational  
Background \_\_\_\_\_

What previous volunteer experience have you had in your community or  
elsewhere?

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

What is your church  
affiliation? \_\_\_\_\_

In what ways are you active in your  
congregation? \_\_\_\_\_

How would you describe your relationship with God?

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

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**Please give a brief testimony/description of your relationship with Jesus Christ**\_\_\_\_\_

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**Are you comfortable sharing your faith with others?**\_\_\_\_\_

**When/how did you become pro-life?**\_\_\_\_\_

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**Have you been involved in the pro-life movement before? How?**\_\_\_\_\_

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**Are you willing to pray regularly for this ministry?**\_\_\_\_\_

**How much time are you able to give to SPRC and regular follow up training?**\_\_\_\_\_

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**What special skills/training do you have that would bless women in need?**\_\_\_\_\_

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**Is your family supportive of life and your involvement with SPRC?**\_\_\_\_\_

**When do you believe life begins?**\_\_\_\_\_

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**Is abortion wrong? If so, why?**

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**Do you believe that abortion is ever an acceptable choice?**\_\_\_\_\_

**What about in cases of rape?**\_\_\_\_\_

Incest \_\_\_\_\_

\_\_\_\_\_ To save the life of the mother \_\_\_\_\_

Of all babies with Down Syndrome, 90% are aborted. What do you think of this? \_\_\_\_\_

\_\_\_\_\_ Do you believe it is possible to live a sexually pure life? Why or why not? \_\_\_\_\_

\_\_\_\_\_ Do you know someone who is post-abortive? \_\_\_\_\_

\_\_\_\_\_ Has it changed how you feel about them? \_\_\_\_\_

Is abortion a sin? \_\_\_\_\_

Can someone who had an abortion be forgiven? \_\_\_\_\_

\_\_\_\_\_ What is your greatest strength and how will it benefit our clients? \_\_\_\_\_

\_\_\_\_\_ What do you see as your greatest challenge being involved in this ministry? \_\_\_\_\_

\_\_\_\_\_ Pro-life ministry is controversial. It also angers the enemy. Are you prepared for possible challenges in your life? \_\_\_\_\_

\_\_\_\_\_ What is your favorite Scripture or a Scripture that spurs you on in the Pro-Life movement? \_\_\_\_\_

\_\_\_\_\_ Please circle areas of interest: Client Advocate/Mentor    Office/Clerical  
Bible Study Leader    New Beginnings Organizer    Phone Line Help  
Community Speaking

**Cleaning the Center   Transportation   Fundraising   Publicity   Events  
Coordinator   Parenting Class Facilitator   Open My Home to Mom  
Post Abortion Mentor  
Prayer Team (all volunteers will be asked to participate in prayer group)  
Website/Facebook**

**Please attach three short references (including one from your pastor/priest if possible) to this completed form. Thank you for your desire to be a part of the loving those in need in Jesus' name.**