

**BRIGHTON**  
7743 W. Grand River, Ste 101  
Brighton, MI 48114  
**810.494.5433**



**FLINT**  
3388 Flushing Rd.  
Flint, MI 48504  
**810.877.6695**

### Volunteer Application

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  (cell)  (landline) E-mail address \_\_\_\_\_

Birthdate \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Educational Background \_\_\_\_\_ Employment/School \_\_\_\_\_

Which location do you plan on serving at? **(Circle)**      **Flint**      **Brighton**      **Mobile Unit**

What are your strengths and skills? \_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_  
\_\_\_\_\_

Are you Pro-Life \_\_\_\_\_ Have you had a personal experience with abortion? \_\_\_\_\_  
\_\_\_\_\_

Are you part of a faith community? \_\_\_\_\_ If so, where? \_\_\_\_\_

**Personal Reference: (A non-relative who has known you for 5 years or more)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Professional Reference: (someone who has worked or volunteered with you)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please check off areas of interest:**

- Administrative Support – office help **(flexible commitment)**
- Baby Boutique Worker **(flexible commitment)**
- Board Member **(monthly commitment, 6-8 hours)**
- Community Service/ Intern (reason: \_\_\_\_\_ / hours required \_\_\_\_\_)
- Events/Fundraising/Outreach **(flexible commitment)**
- Earn While You Learn Parent Mentor **(4 hours/weekly commitment)**
- On FIRE Presenter **(Two 3-day presentations per month + training)**
- Sonographer **(3 hours/weekly commitment)**
- Nurse **(3 hours/weekly commitment)**

**What days/times can you commit to serving? (Be as specific as possible)**

**Our Vision:** Empowering parents to choose life.

**Our Mission:** Pregnancy Help Clinic embraces life by offering support, education and hope to a woman in her pregnancy and life journey.

**Statement of Faith:**

We believe that God offers redemption and restoration to all who confess and forsake their sin, seek His mercy and forgiveness through Jesus Christ. We believe that every person must be afforded compassion, love, kindness, respect, and dignity. Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the mission of this organization.

**Our Values:**

- God the Father is the source of our life and breath, knows all that we are meant to be and provides all that we need.
- Jesus is our Lord and Savior, the proof that the Father loves us, our Role Model and worthy to be praised.
- The Holy Spirit guides, enables and empowers us to live and work in partnership with Jesus and the Father.
- We believe unborn children have the right to be born.
- We believe that God's purpose and design for sexual relations can only be realized in a marriage relationship between a man and a woman.
- We express God's love to others through our actions to save lives. We provide encouragement in an attitude of love and empathy.
- We assist each woman with a crisis pregnancy in finding an alternative to abortion; we do not assist a woman to obtain an abortion.
- We do not abandon a woman who chooses abortion; instead, we offer her opportunity for healing.
- We provide material assistance and life skills training to those who choose to parent.
- We reduce the likelihood of unplanned pregnancies through abstinence education as well as promotion of healthy relationships and lifestyles.

**Fundamentals of the Christian faith:**

1. The inerrancy of Scripture
2. The deity of Jesus Christ
3. His virgin birth
4. The shedding of His precious blood at Calvary for the remission of sins
5. His bodily resurrection from the grave

*I affirm that I agree with the above statements. As a volunteer I will show an active concern for Pregnancy Help Clinic and abide by the policies and procedures set forth by the center.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*After completing this application, please contact PHC at 810.494.5433 to schedule a drop off or email the form to our Client Service Director at [ewyl@pregnancyhelpclinic.com](mailto:ewyl@pregnancyhelpclinic.com)**

OFFICE USE ONLY	
<b>Notes:</b>	