



Volunteer Information Form

The following information is helpful in selecting/assigning volunteer roles, planning training, and collecting data for evaluation.* Any information you choose to provide us will be held confidential. Placement will be made only after an interview, where we can answer one another's questions. Prior to that, please help us get to know you.

Name: Miss Ms. Mrs. Mr. Other _____

First _____ Middle _____ Last _____

Nickname _____ Maiden Name _____

Date of Birth ____/____/____

Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ What is the best way for you to be reached? _____

Permanent Address (if different than above): _____

City _____ State _____ Zip _____

How did you hear about our center? _____

Do you have any previous affiliation with the center? No Yes If yes, please indicate affiliation: _____

Education (please complete where appropriate) :

	Enrolled	Graduated (yr)	Course of Study (major/minor)	Name of Institution
High School or GED Certificate Program				
Vo-Tech				
College				
Post Graduate Study				

Other Education (please explain): _____

Please feel free to include a copy of your resume if available.

Employer Name (current): _____

Address _____ Work Phone _____

Position _____ Email (optional): _____

Part Time Full Time Length of Employment (yrs) _____

Previous employment experiences: _____

*ULCC takes seriously our duty to protect the confidentiality of your private identifying information. We will not share such information with anyone outside of the center without your written permission.

Please indicate members of your household, or other friends and family connected to ULCC (for children, please include date of birth):

_____	_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Name</i>	<i>Relationship</i>
_____	_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Name</i>	<i>Relationship</i>

Emergency Contact: Name _____
Relationship _____ Phone Number _____

Do you have any health problems or physical disabilities which would prevent you from performing certain kinds of work?
 No Yes If yes, please explain: _____

Driver's License Number (required for background check) _____

Have you ever been charged with any kind of criminal activity? No Yes
If yes, please explain: _____

Please describe your organization affiliations and any previous volunteer experience _____

Please indicate the specific time(s) and day(s) you would be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Why do you wish to volunteer at ULCC? _____

Have you ever counseled or helped a woman who has considered an abortion? No Yes
If yes, please explain: _____

- Please indicate your thoughts and feelings about the following: (Feel free to use an additional sheet if you wish to elaborate).
- Pregnant unwed teenage girls _____
 - An abortion-minded woman _____
 - Abortion in cases of rape, incest, or fetal deformity _____
 - A woman who has had an abortion _____
 - Adoption _____
 - Contraception _____

My signature below indicates that the information that I have included in this Volunteer Information Form is true and accurate to the best of my knowledge. I understand that submitting this form is not a guarantee of placement as a volunteer for the University LifeCare Center, and that placement will be made only after an interview and other background screening, as necessary. I agree that University LifeCare Center may use the information provided on this form to conduct such background screening. Finally, I understand that my volunteer position may require training prior to being allowed to start serving that that position.

Signature _____ Date _____

Volunteer Skill Survey

We are continually finding new ways for our volunteers to help in achieving the University LifeCare Center's mission. Please take a moment to indicate areas in which you have skills and experience that you would be willing to share with us.

1. Human Services

- Child Care
 - Child Development
 - Family Management
 - Advocacy
 - Mentoring
 - Crisis Intervention
 - Counseling
 - Health (maternal & child)
 - Parent Education
 - Transportation
 - Teen pregnancy/parenting
 - Financial Management
 - CPR-Certified, Exp. date _____
 - CPR-Trainer
 - Sign Language
- Skill level: Minimal Good Excellent

2. Management Skills

- Leadership/Supervision
 - Staff/Volunteer Training
- Subjects: _____
- Focus Group Facilitation
 - Program Planning/Evaluation
 - Marketing

3. Development/Fundraising

- Direct Mail/Telemarketing
- Grant writing
- Estate/Financial Planning
- Special Event Coordination
- Prospect Research

4. Communications/Public Relations

- Speakers Bureau
- Community Outreach
- Communication Planning
- Writing
- Media Relations
- Graphic Design
- Desktop Publishing
- Photography
- Video & Slide Show Production
- Display Work
- Sign & Poster Production

5. World Cultures

- Education in _____
 - Foreign Language _____
- Fluency level: Minimal Good Excellent

6. Music & Drama

- Acting
- Clowning
- Instrument: _____
- Singing
- Story Teller
- Puppetry
- Mime
- Dancing
- Other: _____

7. Facilities/Maintenance

- Carpentry
- Landscaping/Gardening
- Painting
- Furniture or Equipment Repair
- Pick-up & Delivery of Donations
- Housekeeping (cleaning toys, laundry)

8. Creative Activities

- Calligraphy
- Cooking
- Sewing
- Knitting or Crocheting
- Face painting
- Kid's Arts & Crafts
- Other: _____

9. Sports/Recreation

- Sports - General
- Swimming/WSI
- Swimming-Advanced Lifesaving
- Recreational Outings
- Other: _____

10. Professional/Support Services

- General Office Skills
- Computer Word Processing
- Computer Training/Instruction
- Data Entry
- Computer Programming
- Web Site Development

11. Other

TOTAL LIFECARE CENTER, INC. AND LIFECARE CENTER POLICIES AGREEMENT FOR PERSONNEL

It is our experience that our personnel – both paid staff and volunteers - need to agree with our organization’s policies on the life issues in order to provide consistent and effective services to our clients. It is vital that the LifeCare Centers’ personnel have the understanding that all people are made in the image and likeness of God and that every individual has the right to life from the moment of conception until natural death.

As personnel of the University LifeCare Center, I agree to follow and promote the practices and policies of University LifeCare Center, as well as the policies and philosophy of Total LifeCare Centers, Inc. (TLC). In general, these are:

- We are advocates for the unborn, their mothers, and family.
- Life begins at conception.
- Abortion is always morally wrong.
- We will not encourage the use of or refer for hormonal, barrier, or sterilization methods of contraception (birth control):
 - Unmarried men and women are counseled to choose chastity (abstinence).
 - Married couples seeking assistance with family planning are encouraged to practice Natural Family Planning (NFP) and chastity.
- Clients are to be treated with compassion, sensitivity, and respect.
- All information confided by clients will be kept confidential with the exception of statutory requirements for reporting abuse or neglect of a minor.

I also agree to follow the procedures that have been presented during my training at the TLC training seminar (or an approved alternative), my on-site training and orientation, as well as those contained in TLC’s Standards of Practice Manual and all other policies or procedures of TLC or University LifeCare Center.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Thank you for your interest and concern in the effort to offer life-affirming alternatives to women and life to the unborn!