

# New Life Pregnancy Center Volunteer Application

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1415 7<sup>th</sup> Street Suite H  
Mamou, LA 70554  
337-468-2312

## Volunteer Application

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

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

Phone numbers: Home: \_\_\_\_\_ Business/cell: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Spouses Occupation: \_\_\_\_\_

Are you Pro-Life (circle): Yes No Pro-Life Activities: \_\_\_\_\_

Religious Affiliation (circle): Yes No If yes, type: \_\_\_\_\_ Church/Parish: \_\_\_\_\_

Day or Days Available: \_\_\_\_\_ Time Available: (circle) 9am- 1pm 1pm - 4pm Other: \_\_\_\_\_

To what other clubs/organization do you belong? \_\_\_\_\_

How did you hear about New Life Pregnancy Center? \_\_\_\_\_ Present Occupation: \_\_\_\_\_

Work Experience or Special Skills: \_\_\_\_\_

Type of Volunteer work Desired: \_\_\_\_\_

Where would you like to volunteer? (please circle )

\_\_\_ Baby and Me Boutique

\_\_\_ Client Greeter

\_\_\_ Counseling

\_\_\_ Office work

\_\_\_ Fund Raising

\_\_\_ Ultrasound Tech.

\_\_\_ Baby Bottle Campaign

\_\_\_ Maintenance

\_\_\_ Computers

\_\_\_ Newsletter

\_\_\_ Consultant

\_\_\_ Receptionist

Other (please specify): \_\_\_\_\_

**I agree to adhere to and practice the teaching, processes and procedures used at New Life Pregnancy Center.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

New Life Pregnancy Center

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_