



1213 North Third, Marquette
330 Fortress, Sawyer
325 S. Pine St., Ishpeming

(For Care Clinic Office Use Only)

Interview: _____
Orientation: _____
CBC: _____
Start Date: _____
Placement: _____

APPLICATION FOR VOLUNTEERING

Name: _____ **Phone:** _____
Last First Middle Home Cell

Address: _____
Street City State Zip Code

Email: _____

Date of Birth: Month _____ Day _____ Year _____ (for background check)

Occupation: _____ Employer: _____

Student: _____ School: _____

How did you hear about the Care Clinic? _____

Work Experience:

1. Name/address of organization: _____
Name/phone of supervisor: _____
Job title: _____ Duties: _____
Dates employed: _____

2. Name/address of organization: _____
Name/phone of supervisor: _____
Job title: _____ Duties: _____
Dates employed: _____

CHRISTIAN COMMITMENT

The Care Clinic is an interdenominational Christian organization. Describe how you would interact with other Christians whose doctrines differ from your own.

PERSONAL REFERENCES

Please provide us with the names of two individuals (other than family) that we may contact for a personal reference.

Name	Address/Email	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

Do you have any medical conditions that would affect your ability to perform your volunteer duties or that the Care Clinic should know about? No _____ Yes _____ If yes, please explain:

CHURCH AFFILIATION

Pastor's Name _____ Church Name _____ Address _____ Phone _____

In what ways are you involved at church? _____

CRIMINAL RECORD

Have you in the last seven years been convicted of a criminal offense? If yes, indicate nature of offense, date, court, and disposition.

Are you volunteering to satisfy a court-required probation? If yes, please explain.

Are there any legal charges pending against you? If yes, please explain.

I seek to volunteer for civic, charitable, or humanitarian reasons. I agree to perform volunteer services without promise of compensation or other benefits for which Care Clinic employees are eligible. I agree that as a volunteer I am subject to the policies, rules and regulations of the Care Clinic including obligations regarding client confidentiality. I authorize the Care Clinic to verify any and all of the information provided on this application. I understand that this information will be used to determine my eligibility for a volunteer position. I certify that the statements made in this volunteer application are complete and true to the best of my knowledge.

Signature of Applicant

Date

Under 18 years of age: I give permission for my son/daughter/guardian to volunteer at the Care Clinic.

Parent/Guardian Signature

Relationship to Applicant

Revised 3/6/2021

Care Clinic Volunteer Opportunities

Earn While You Learn Mentor (EWYL)

Educate pregnant young women and their partners about their pregnancy and their developing unborn babies. Encourage and support positive and effective parenting. Assist families in working through a personalized lesson plan, while being a support and resource for information that will help clients with pregnancy, parenting and life skills.

Family Resource Closet

Sort and organize clothing, baby equipment, and items donated for distribution to clients.

Office Cleaning

Help to maintain a welcoming appearance of the Care Clinic facility. Vacuuming, dusting, mopping, cleaning bathrooms/kitchen, and other miscellaneous cleaning duties.

Special Events/Fundraising/Special Projects

Assist with the planning of our annual fundraising events: LifeWalk, Fall Banquet, and Baby Bottle Boomerang. Assist with other special projects as needed.

Clerical

Assist with copying, bulk mailings, data entry, chart assembly, and other light clerical work as needed.

Other

Do you have a gift or talent that is not listed here that may enhance our ministry? Let us know. We appreciate all of the various contributions our amazing volunteers make to Care Clinic!

Volunteer Questionnaire

Name: _____

What position are you volunteering for at Care Clinic?

Please describe your previous volunteer experience (and any specific pregnancy resource center experience):

Please describe what you believe about abortion:

If you have had, or have been involved in an abortion experience would you be willing to work through the confidential post-abortive support here at the Care Clinic? _____

Why do you want to volunteer at the Care Clinic?

Please list specific days/times you are able to volunteer?

Volunteer Signature: _____ Date: _____

Director of Volunteer and Client Services: _____