



Today's Date _____

*The mission of Bridgehaven Pregnancy Support Center is to empower choices for life
Through Christ-centered education and support.*

PROJECT VOLUNTEER APPLICATION

Name _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____ E-mail _____

EMERGENCY CONTACTS

1) _____ Phone _____ Relationship _____

2) _____ Phone _____ Relationship _____

GETTING TO KNOW YOU

What made you choose Bridgehaven as a volunteer site? _____

If volunteering with a group, please give group name and how you heard about Bridgehaven. _____

What do you hope to gain from your service here? _____

Bridgehaven presents alternatives to abortion. How do you feel about abortion as a choice in an unplanned pregnancy?

Bridgehaven is a faith-based organization. What, if any, role does faith play in your life? _____

AVAILABILITY

How many total hours would you like to volunteer? _____

How often would you like to volunteer? _____

Generally, when are you available for volunteering (check the appropriate boxes):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Does Bridgehaven need to provide documentation of your volunteer hours? _____

Is there anything else you'd like to share?

**Thank you! We are so excited to have you joining us at Bridgehaven.
We will contact you soon about beginning your volunteering experience.**

For office use only:

Tour/interview date: _____ Given by: _____

Input into Ekyros Application Reviewed by: _____

Start date: _____ End date: _____

Name _____



REFERENCES

List three persons who are not related to you and who have known you at least 2 years.

1. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____

2. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____

3. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____

TIME PREFERENCE TO VOLUNTEER:

Please cross out (X) shift that you **cannot** regularly volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Sat.
10:00-2:00	10:00-2:00	10:00-2:00	10:00-2:00	10:00-2:00	10:00-1:00
2:00-5:30	2:00--5:00	2:00-5:00	2:00-5:30	2:00-5:00	1:00-4:00
5:30-7:00			5:30-7:00		