

**COBB PREGNANCY SERVICES  
Volunteer Application**

Date\_\_\_\_\_

**The information provided by the applicant is confidential and will be shared between the CPS representative who conducts the interview and the applicant. Applications are placed in a personnel file and secured.**

Name\_\_\_\_\_ Age\_\_\_\_\_ DOB\_\_\_\_\_

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

Phone Contact: Day\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_ email\_\_\_\_\_

Marital Status: M S Spouse's Name\_\_\_\_\_ Spouse's Employer\_\_\_\_\_

Children's Names and Ages \_\_\_\_\_  
\_\_\_\_\_

Employer\_\_\_\_\_ Occupation\_\_\_\_\_

Previous Volunteer Experience (if any) \_\_\_\_\_  
\_\_\_\_\_

Do you consider yourself a Christian? Yes\_\_\_\_ No\_\_\_\_ If yes, for how long?\_\_\_\_\_

What is a Christian? \_\_\_\_\_  
\_\_\_\_\_

**Please provide the following information about your local church.**

Church Name\_\_\_\_\_ Denomination\_\_\_\_\_ Pastor\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

How long have you been a member? \_\_\_\_\_ If less than 2 years, please provide the name and phone number of your previous church\_\_\_\_\_

Will your church support you in your decision to serve in a pro-life ministry?

**Please provide the names of 3 members of your church that may be called as a reference i.e. ministry team, Sunday School teacher, group leaders, deacons, Women's Ministry Coordinator:**

Name\_\_\_\_\_ Position in church (if any)\_\_\_\_\_ Phone\_\_\_\_\_

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What positions and/or services have you held or been involved in within your church?  
\_\_\_\_\_

**Please provide the following information about yourself:**

Extent of formal education\_\_\_\_\_ Area of study\_\_\_\_\_

List your special gifts or talents \_\_\_\_\_

Please list any studies, seminars, literature, or videos that you have received regarding abortion or other life issues:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an abortion? Yes\_\_\_ No\_\_\_ If yes, did you receive counseling?\_\_\_\_\_

Have you ever counseled a woman who was considering abortion? Yes\_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

Briefly state why you are interested in volunteering at Cobb Pregnancy Services? \_\_\_\_\_

\_\_\_\_\_  
How does your spouse/family feel about this involvement? \_\_\_\_\_

What are your personality strengths? \_\_\_\_\_

What are your personality weaknesses? \_\_\_\_\_

**Please provide the names and phone numbers of 2 people that we may call as a reference:**

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Relationship \_\_\_\_\_ Phone\_\_\_\_\_

**Under what circumstances would you consider abortion as an alternative for a woman in crisis due to an unplanned pregnancy?**

\_\_\_ Rape/incest \_\_\_ Severe psychological stress \_\_\_ Health \_\_\_ Never An Option \_\_\_ Other

How would you evaluate your knowledge of the following areas as they relate to abortion?

Knowledge of abortion procedure \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

Knowledge of abortion laws \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

Knowledge of Bible teaching \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor  
regarding abortion (directly or indirectly)

\_\_\_\_\_  
**Director**

**Please describe your personal testimony**

**Please return to:**

**Cobb Pregnancy Services  
47 Gramling Street  
Marietta, Georgia 30008**

**When your application has been received, a representative of Cobb Pregnancy Services will contact you to arrange an interview.**

**Thank you for your interest in Cobb Pregnancy Services.**