

All Babies Cherished
Pregnancy Assistance Center
445 Ellicott Street
Batavia, NY 14020
(585) 344-5660

Volunteer Information

Date: _____

Name: _____

Phone: _____

Address: _____

Day(s) and Time Available: (Please circle)

Monday 10am- 1pm

Tuesday 10am- 1pm

Wednesday 10am- 1pm

Thursday 10am- 1pm

Other: _____

Check any of the following areas where you are interested in providing assistance:

☐ Clothing Department

☐ Office/Computer

☐ Earn While You Learn Instructor */**

☐ Pregnancy Testing */**

☐ Building & Grounds

☐ Maintenance

Committees:

☐ Board of Directors*

☐ Fundraising*

☐ Public Relations

* Pastoral Recommendation Required

** Training Provided

Volunteer Statement of Agreement

As a volunteer of All Babies Cherished Pregnancy Assistance Center, I agree to be faithful in following the Policies and Procedures spelled out in All Babies Cherished Policy and Procedure Manual. I do agree to keep confidential all information pertaining to clients assisted by this ministry, all business matters and personal information entrusted by staff.

With Biblical principles of conduct, I shall endeavor to maintain the unity of the Spirit and bond of peace with clients, my fellow volunteers and supervisors.

I also state that I am not acting as anyone's agent and that I am in full agreement with the stated goals and Statement of Purpose of All Babies Cherished. I understand that failure to comply with the Policies set forth by All Babies Cherished will be grounds for my dismissal.

Signature: _____

Date: _____

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Pastoral Reference Form

Mail to: All Babies Cherished, 445 Ellicott Street, NY 14020

Applicant- fill out this section:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pastor- fill out this section and mail:

The purpose of this form is to ensure that this person who is applying as an onsite or hotline counselor has your recommendation to work in a counseling situation.

1. If you are not the applicant's Pastor, what is your relationship to the applicant?
2. How long have you known the applicant?
3. In your opinion, does the applicant apply biblical principles in his/her own life?
4. In your opinion, does the applicant possess the ability to counsel in a non-judgmental, loving, compassionate, and Christ-like manner? YES ____ NO ____
5. Do you feel you could give the applicant your recommendation as a counselor? YES__ NO__
6. Would you be able to support this person spiritually? YES__ NO__
7. Comments:

Signature: _____ Date: _____

Church: _____ Phone: _____