VOLUNTEER APPLICATION

Full Name:_____Date_____

Address:_____

Cell Phone:_____Email:_____

Driver's License Number and State:_____

OUR MISSION

Through God's Grace, we save babies' lives and shelter their young mothers, while providing education and ongoing compassionate support services, including our Pregnancy Sonogram Center. We further educate young people to make healthy life choices. Several Sources is a registered 501(c)3 Charity. Established 1981

1. Do you consider yourself a Christian and ProLife?

   _____

2. Why are you interested in volunteering at Several Sources?

   _____

   _____

   Briefly tell us how your faith would affect volunteering with us.

   _____

   _____

3. What is the extent of your formal education?

   _____

   _____

   _____

   What areas of concentration:

   _____

   List any specific training, skills or relevant educational experiences.

   _____

   _____

What do you consider your strengths?

4. Tell us about your employment history (current or most recent employer):

5. What experience do you have working with young women?

How do you ensure healthy emotional boundaries? (Several Sources has policies in place to promote healthy boundaries between clients and staff.)

6. Have you ever been convicted of a crime? If yes, please explain. [Conviction of a crime is not an automatic disqualification for volunteer work.]

7. How did you learn about Several Sources?

8. What would you like to volunteer to do at Several Sources (i.e., babysitting, counseling, clerical, fundraising, public speaking, other, etc)?

REFERENCES

Please provide the following information for two people that we may contact for references. [One of whom should be a prior employer.]

Reference #1

Name:_____Phone#_____

Relationship to You:_____Length of Relationship:_____

Reference #2

Name:_____Phone#_____

Relationship to You:_____Length of Relationship:_____

Privacy Practice Statement

We protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to keep you informed and up to date on activities of the organization and its specific programs including, but not limited to: opportunities to volunteer, upcoming events, educational opportunities, and seasonal greeting.

Required information to be obtained: when it is applicable to the job description/role being performed by the volunteer:

☐ Criminal Record Check

☐ Agreement to Organization's Policies

☐ Confidentiality Agreement

☐ Liability Waiver

Please read the following before signing the application:

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in an interview that is true, correct and complete to the best of my knowledge.

I certify that I have and will answer all questions to the best of my ability, and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.

I understand that information contained on my application will be verified by Several Sources. I understand that misrepresentations or omissions may cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

Signature _____Date:_____

Emergency Contact Information

Name:_____ Cell #:_____

Relationship to Volunteer:_____ Email:_____

Return form to: Stephanie Delgadillo via email at svianey@severalsources.org or mail to Stephanie Delgadillo, Several Sources Shelters, 300 Airmount Avenue, Ramsey, NJ 07446.

Last updated 11/18/25.