

**PREGNANCY RESOURCE CENTER  
BOARD MEMBER APPLICATION**

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Educational Background: \_\_\_\_\_

1) How did you first become aware of the Pregnancy Resource Center?

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

2) Briefly state what makes you interesting in working with the Center on the Board of Directors:

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

3) Have you ever been trained to volunteer at a pregnancy center? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, when and where? \_\_\_\_\_

If no, are you willing to be trained in our center? \_\_\_\_\_ yes \_\_\_\_\_ no

4) Describe both current and past positions held or services preformed of other nonprofit organizations or ministries: \_\_\_\_\_

\_\_\_\_\_

5) What gifts, talents, experience or personality traits would you bring to this ministry?

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

6) Have you ever been on the board of directors of a nonprofit organization? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7) How many hours a month are you willing and able to devote to the Pregnancy Resource Center?

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

8) A normal term in office is three years. Are you able to commit yourself this amount of time to serve on the Board of Directors? \_\_\_\_\_

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9) To what extent is your spouse, if married, supportive of your application to the Board of Directors?

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**General Information**

1) In this selection please make a general evaluation of your knowledge in the following areas:

a. Knowledge of how abortions are performed and methods used.

\_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

b. Knowledge of existing laws regulating abortion.

\_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

c. Knowledge of biblical teaching on the sanctity of human life.

\_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

2) Under what circumstances, if any, is abortion justifiable in your opinion? \_\_\_\_\_

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Explain: \_\_\_\_\_

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3) What questions do you have concerning abortion and/or the sanctity of human of life?

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4) When do you feel sexual intercourse is morally permissible? \_\_\_\_\_

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Explain: \_\_\_\_\_

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5) Are you currently seeking to adopt a child? \_\_\_\_\_ yes \_\_\_\_\_ no

6) Are you uncomfortable with any aspect of the center's statement of faith? (attached)

\_\_\_\_\_ yes \_\_\_\_\_ no

Explain: \_\_\_\_\_

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7) To the extent of your current knowledge of the Pregnancy Resource Center, what is your vision for the ministry? \_\_\_\_\_

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**Background Information**

1) Do you consider yourself a Christian? \_\_\_\_\_ yes \_\_\_\_\_ no

2) If you answered yes, how and when did this take place?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) How has your life changed since you personal relationship with Jesus Christ began?

\_\_\_\_\_

\_\_\_\_\_

4) Please provide the following information about your church:

Church Name; \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Senior Pastor's Name \_\_\_\_\_

Denominational ties, if any: \_\_\_\_\_

5) How long have you been involved in your church? \_\_\_\_\_

6) Describe positions you have held or services performed with the church.

\_\_\_\_\_

\_\_\_\_\_

7) Please list names and addresses of two people, other than your Pastor, whom we may contact for references for becoming a board member of the Pregnancy Resource Center.

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Thank you for filling out this questionnaire!!