



Caring Options for Pregnancy, Parenting and Life

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth (without year): \_\_\_\_\_

Are you 21 years of age or older?  Yes  No

Educational background: \_\_\_\_\_

Occupation (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_

Languages spoken (other than English): \_\_\_\_\_

Marital status: \_\_\_\_\_ Spouse's name (if applicable): \_\_\_\_\_

Please check the opportunities you are most interested in:

### Administrative

- Mailings
- Data entry
- Answer Phones

### Material Aid

- Material Aid Coordinator
- Organize donated material aid items

### Client Care

- Client Advocate

### Maintenance

- Gardening and yard work
- Cleaning/Painting
- General repair

### Development and Special Events

- Special Events Committee:
- Fundraising banquets
- Assist at special events
- Church liaison

### Child Care

- Child Care Coordinator
- Watch children in office
- Watch children at special events

### Prayer Team

- Pray for clients vulnerable to abortion,  
for staff and volunteers

Please return completed application to:

ZoeCare  
2007 Locust St  
Yankton, SD 57078



Previous volunteer experience:

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Please list other skills that you wish to utilize as a volunteer of ZoeCare:

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When are you available to volunteer? (e.g., day of the week, daytime/evening)?

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Would you like to come in on a regular schedule, or be contacted as needed?

- Regular schedule       As needed

Christian Testimony of Volunteer

Please tell us about your faith in and relationship with Jesus Christ and your participation in a local church community.

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*Notes (office use only):*

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