

# Volunteer Questionnaire

Plattsburgh Pregnancy Center  
62 Brinkerhoff Street, Suite 103  
Plattsburgh, NY 12901  
518-324-2010

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What do you know about us? \_\_\_\_\_

Why do you want to volunteer here? \_\_\_\_\_

What would you like to do?

☐ Counselor (training required) ☐ Reception/Filing ☐ Fundraising ☐ Other \_\_\_\_\_

We are open Monday – Friday 10am to 4pm

On which day/time would you be able to volunteer? \_\_\_\_\_

Do you feel abortion is right in certain situations? \_\_\_\_\_

Have you ever felt abortion was OK? \_\_\_\_\_

Have you been directly involved with or had an abortion? \_\_\_\_\_

If yes, have you been through a healing program? \_\_\_\_\_

Do you practice a faith? \_\_\_\_\_ If so, what faith? \_\_\_\_\_

What are your feelings about artificial birth control? \_\_\_\_\_

What are your feelings about natural family planning? \_\_\_\_\_

What is your position about premarital sex? \_\_\_\_\_

Are you comfortable promoting abstinence and chastity? \_\_\_\_\_