

PHCA BOARD MEMBER APPLICATION

Name _____ Phone (Day) _____

Address _____ (Evening) _____

City _____ State _____ Zip _____ Age _____

Marital status _____ Occupation _____

Educational background _____

1. How did you first become aware of the pregnancy center? _____

2. Briefly state what makes you interested in working with the center on its Board of Directors.

3. Have you attended a pregnancy center volunteer training seminar? ____ yes ____ no

If yes, when? _____

If no, are you willing to commit to attend such a seminar? ____ yes ____ no

4. Describe both current and past positions held or services performed for other nonprofit

organizations or ministries. _____

5. What gifts, talents, experiences, 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 do you handle conflict with others? _____

8. How many hours per month are you willing and able to devote to the pregnancy center? _____

9. A normal term in office is three years. Are you able to commit yourself to this amount of time to serve on the Board of Directors? _____
10. To what extent is your spouse, if you are married, supportive of your application to the Board of Directors?

GENERAL INFORMATION

1. In this section, 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? _____

Explain: _____

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

4. When do you feel sexual intercourse is morally permissible? _____

Explain: _____

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 or statement of principle? _____ yes _____ no

Explain: _____

7. To the extent of your current knowledge of [*Name of center*], what is your vision for the ministry? _____

BACKGROUND INFORMATION

1. Do you consider yourself a Christian? _____ yes _____ no

2. What is a Christian? _____

3. How long have you been a Christian? _____

4. Give a brief statement about how you came to know Christ as your personal Savior and Lord.

5. How has your life changed since your personal relationship with Jesus Christ began?

6. Please provide the following information about your church:

Church name _____ Phone _____

Address _____ Zip _____

Senior Pastor's name _____

Denominational ties, if any _____

7. How long have you been involved in your church? _____

8. Are you currently involved in a Bible study? _____ yes _____ no

If yes, how long? _____

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

10. Please list the names and addresses of two people, other than your pastor, whom we may contact for references for becoming a board member of PHCA.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE