



EASTERN PREGNANCY INFORMATION CLINIC (EPIC Center) Volunteer Application

New Bern Office
1505 S Glenburnie Rd, Suite 0
New Bern, NC 28562
252-638-4673

Kinston Office
304 N Queen St
Kinston, NC 28501
252-523-9516

Our mission is to empower women to choose life and ensure parents have the support they need to thrive in early parenthood.

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Best time to reach you (Day) or (Evening) _____

Age: _____ DOB: _____ Marital Status: _____ Occupation: _____

1. How did you hear about The EPIC Center?

2. What is your greatest strength?

3. What is your greatest weakness?

4. What is your educational and/or professional background?

5. What talents, gifts, experiences or personality traits would you bring to the EPIC Center?

6. Do you consider Jesus Christ to be your personal Lord and Savior? Yes _____ No _____



If so, can you share what this means to you?

7. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy? Never an option _____ In case of rape/incest _____ In case of severe psychological stress _____

8. What are your views on adoption?

9. Why do you want to volunteer at EPIC?

10. Please check where you are most interested in volunteering at EPIC?

- Receptionist:** (Answer phone, greets clients as they arrive, and schedule appointments)
- Baby Boutique:** (Help keep boutique clean and organized, assist clients during boutique appointments, Sort, wash and fold donated clothes,)
- Nurse** (Provide compassionate non-judgmental patient care by performing pregnancy tests and educating our clients on pregnancy related information. Must have an active medical license)
- Class Facilitator:** (Lead classes and share educational information with clients. We offer prenatal, parenting, Breastfeeding, Bible study, Post Abortion Counseling Education.)
- Interpreter:** (Provide translation to clients when needed for intakes, medical appointment, phone calls, etc.) Please list the language(s) you can interpret for: _____
- Housekeeping and Maintenance:** (Assist with office cleaning and organizing, light maintenance and improvement projects.)
- Fatherhood Mentor:** (Help lead our Dad Program and be a mentor to dads who come to EPIC.)

11. What day(s) and times are you available to volunteer? Please check all that apply

<input type="radio"/> Monday 11-3	<input type="radio"/> Tuesday 1-5
<input type="radio"/> Monday 3-6:30	<input type="radio"/> Wednesday 9-1
<input type="radio"/> Tuesday 9-1	<input type="radio"/> Wednesday 1-5



12- List the names, address, and phone number of three people, including your pastor, who we may contact for a reference for you to become a volunteer with EPIC.

- Name: _____ Phone: _____
Email: _____ City: _____
- Name: _____ Phone: _____
Email: _____ City: _____
- Name: _____ Phone: _____
Email: _____ City: _____

13- Please provide the following information about your church.

Church name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

How long have you been involved in your present church? _____

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

Position: _____ Duties: _____

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The EPIC Center's Core Values are:

1. Christ-Centered Service

We serve as an extension of Jesus Christ's love, offering compassionate care grounded in our faith and commitment to the Gospel. We share our faith with gentleness and respect, seeking permission and honoring each individual's readiness and beliefs.

education, and practical help so they can face the future with hope.

4. Respect and Collaboration

We treat one another with kindness, dignity, and humility by fostering teamwork, mutual respect, and unity across all roles and responsibilities.

5. Excellence with Accountability

We strive for excellence in all we do, taking ownership of our actions, supporting one another, and committing to continuous growth in service to our mission.

2. Integrity and Truth

We provide honest, accurate information and uphold the highest standards of transparency in every interaction, with no deception in our practices or communication.

3. Compassionate Support

We walk alongside women and men facing unplanned pregnancies, offering emotional encouragement,



If you become a volunteer, will you support and follow these values? Why or Why Not?

Thank you for completing this application and for your interest in volunteering with the EPIC Center!
Please return this application to your local EPIC office by bringing it in person during our business hours. We can't wait to get to know you. If you would more information on getting your church connected with EPIC, please contact the Executive Director at ed@easternpregnancy.net or at 252-523-9516.

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH _____ / _____ / _____

DRIVER'S LICENSE AND STATE ISSUED: _____

APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

CONSUMER DISCLOSURE

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes. _____ / _____ / _____

APPLICANT'S SIGNATURE

DATE

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

For GA Criminal Searches Only (Must Check One): Employment w/ Mentally Disabled
 (Purpose Code M) Employment w/ Elder Care (Purpose Code N) Employment w/ Children
 (Purpose Code W) None Apply

Eastern Pregnancy Clinic

Requester _____

Criminal Records Credit Report (Persona) Motor Vehicle Record FACIS (Healthcare Only)
 SS number & Name Verification /Address search

Criminal(Where?)(1) _____ (2) _____ (3) _____

Employment (1) _____ (2) _____ (3) _____

Professional License verification _____ Education verification _____

Fax to Insight @ 1-800-888-348

