



**Yes! I would love to donate my *Time, Talent* and/or *Treasure!***

Please fill out the bottom portion and return it to Carla Wright. [carla@choicescpc.org](mailto:carla@choicescpc.org) 706-212-0005

**Yes, I would like to volunteer!**

Step 1 - Volunteer form and Basic Background check \$8.00.

Step 2 - One on One Orientation at Choices Pregnancy Center.

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**(First & Last Name Above)**

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**Phone/Text**

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**E-Mail**

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**Address**

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**City**

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**State**

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**Zip**

*Below please indicate if you would like information on being trained for:*

*Parenting Classes - Face to Face with Clients*

*Handy Work - in and out of the Center (Sometimes driving for supplies)*

*Advocating - Face to Face with Clients about Pregnancy Choices*

*Medical or Clinical Organization and/or Patient Care*

*Office Administration, Front Desk and Friendly Faces*

*Social Media / I.T. (technology/computer/ data entry etc.)*

*Marketing / Advertising*

*Fundraising & Formal Events*

*Baby Boutique & Oversight*

*Communication w/Churches, Civic & Social Organizations & Community Leaders*

*Organization and/or Outreach for Mail Outs and Information Dissemination*

*Prayer Team Organization or Participation*

*Social Media or Website Communication*

*Financial Assistance or Donating Items*

*Governing Board or Advisory Board Membership*