

Dear Friend,

We are delighted by your interest in becoming a member of the Board of Directors for Delaware County Pregnancy Center. Much of the fulfillment of our DCPC mission is a reliance on generous friends like you, who offer their time, talent, and treasure. We are so very thankful, you are willing to give of yourself to the ministry in this way.

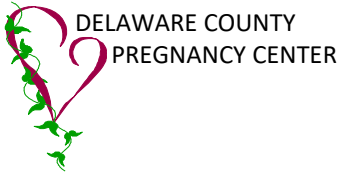
Please complete this survey and submit it via  
postal mail: Board of Directors' Search Committee, 2508 Edgmont Ave, Chester, PA 19013  
or email: [director@dcpcchester.org](mailto:director@dcpcchester.org)

Respectfully,  
Destiny G. Diggs

### NARRATIVE OF QUALIFICATIONS

A Board Member must:

- 1.) Possess a relationship with Jesus Christ as Savior and Lord as demonstrated by a regular personal prayer life, Bible Study, and an active membership in his/her local church.
- 2.) Have a firm pro-life stance and a genuine burden for people facing unplanned pregnancies.
- 3.) Assist the ministry as a volunteer or Church Representative, lead a Board-level committee, and serve as a director by governing, advocating, and developing funds.
- 4.) Make a significant contribution to the ministry by devoting sufficient time and energy to board business and ministry matters.
- 5.) Be gifted in one or more of the following leadership areas:
  - Goal Setting/Vision Planning
  - Strategic Stewardship & Fundraising
  - Ethical Values
  - Quality Control/Ensuring Effectiveness
  - Regulating Programs (Legal, Medical, or Social Services experience is a plus)
  - Human Resources/Nurturing Employees



DELAWARE COUNTY  
PREGNANCY CENTER

## BOARD OF DIRECTORS Interest Survey

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Type of business \_\_\_\_\_ Phone \_\_\_\_\_

Preferred method of contact     Home Phone     Cell Phone     Email

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Please provide the following information about your church.

Name \_\_\_\_\_

Address \_\_\_\_\_

Senior Pastor's Name \_\_\_\_\_ Church Phone \_\_\_\_\_

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Briefly state why you are interested in working on the Board of DCPC.

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to devote time to the ministry? (2 hours for meetings and at least 3 additional hours for voluntary support monthly)     Yes     No

What are your strengths/gifts that will be helpful to DCPC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant's Signature

Date of Board consideration: \_\_\_\_\_ Board recommendation/action: \_\_\_\_\_

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Date