

VOLUNTEER APPLICATION

CONTACT INFORMATION (Please Print)

NAME: _____ D.O.B. _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ EMAIL: _____

1. In your opinion, what is the purpose of a pregnancy clinic? _____

2. Share what you think we do at STATELINE PREGNANCY CLINIC. _____

3. Why are you interested in volunteering at SPC? _____

4. Are you interested in working directly with clients as an Advocate: **Y** **N** (circle one)

IF YOU ARE INTERESTED IN BECOMING A CLIENT ADVOCATE, OR A GROUP LEADER PLEASE ANSWER QUESTIONS FIVE THROUGH THIRTEEN.

5. Under what circumstances would you consider abortion an option? _____

6. Have you ever counseled a woman who was considering an abortion? **Y** **N** If yes, please explain. _____

7. Have you ever had experiences related to abortion? **Y** **N** Explain if yes. _____

8. Have you ever known an unmarried mother? **Y** **N** Explain if yes. _____

9. Have you ever worked with teenagers? **Y** **N** If yes, what did you like or not like about the experience? _____

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10. What are your views on abstinence? _____

11. In your opinion, what does it mean to be "sexually active?" _____

12. What are your views on birth control? _____

13. Please indicate if you are currently single or married. Married Single

14. Live Alone Live with Husband Live with Boyfriend Other _____

15. Do you have a relationship with Jesus Christ? (circle one) **Y** **N** If yes please answer the following:

16. How did you come to know the Lord Jesus: _____

17. What church do you attend? _____

18. How frequently? (circle one) **Occasionally** **Monthly** **Weekly** **Twice a week (or more)**

WHAT AREA OF SERVICE INTERESTS YOU? (Please check all that apply)

CLIENT	<input type="checkbox"/> Client Advocate	<input type="checkbox"/> Abortion Recovery	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Group Leader
ADMINISTRATION	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Computer	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Phone Calling
SEXUAL INTEGRITY	<input type="checkbox"/> Presenter	<input type="checkbox"/> Phone calling		
SUPPORT GROUP	<input type="checkbox"/> Presenter	<input type="checkbox"/> Assistant to staff	<input type="checkbox"/> Mom's Boutique	
MEDICAL	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse	<input type="checkbox"/> Sonographer	
FACILITIES	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Grounds keeping		
OTHER	<input type="checkbox"/> Board Member	<input type="checkbox"/> Fund Raising		

18. Please describe any area of experience you have had in any area you checked. _____

19. Please list your current commitments. (Home life, work, school, church, hobbies). _____

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20. Currently our office hours are Monday – Wednesday, 9am – 4pm. How often would you like to serve:

___ Seasonal	___ Monthly	___ Weekly	___ Other	_____
___ Monday	___ Tuesday	___ Wednesday	___ Other	_____
___ Mornings	___ Afternoons	___ Evenings	___ Other	_____

Thank you for your time!

References:

Please list persons who are not related to you and who have known you for at least two years.

Reference #1

Pastor _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Reference #2

Mr/Ms _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Reference #3

Mr/Ms _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize the Stateline Pregnancy Clinic to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the Stateline Pregnancy Clinic and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based on this information. If I come on as a volunteer at the Stateline Pregnancy Clinic, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality.

I recognize that, as a volunteer, I will serve in a different role than the employees of the Stateline Pregnancy Clinic, and I am not seeking nor expecting to receive any compensation or other benefits in return for *any* volunteer services which I may provide for this ministry.

Volunteer please initial: _____

I further certify that I have read and that I am in full agreement with the Stateline Pregnancy Clinic Mission Statement and Philosophy.

Signature

Date

Start Date

Exit Date

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Signature (Board Member or Executive Director)

Date

Recognizing that STATELINE PREGNANCY CLINIC is a Christian ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read the Statement of Faith and I am in complete agreement with all of the statements in it.

I believe in the sanctity of human life as taught in the Bible and therefore, reject abortion as an acceptable option for any woman facing a crisis pregnancy, except to save the life of the mother in some cases.

I believe in chastity outside of marriage and in the sanctity of marriage as taught in the Bible. Therefore, I commit to a lifestyle of sexual purity.

I accept the responsibility to act as an advocate on behalf of the women under my care; to give accurate information, emotional support, and spiritual guidance. I will keep all information on center clients in the strictest confidence, in accordance with center policies. I will consistently uphold the Center's policies relating to confidentiality, even after I am no longer a volunteer.

Understanding the vital role volunteers play in the work of the center, I commit myself to faithfully serve four hours per week on a regular basis. Additionally, I agree to attend volunteer staff meetings and in-service training sessions.

I have read, understand and agree with the Commitment of Care and Competence and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and the Executive Director.

Background Check

I understand that I will undergo a background check before I can be hired by Stateline Pregnancy Clinic.

My maiden name (if applicable)_____
Birthdate_____
Social Security Number_____
Driver's License Number_____
Signature_____
Date