



VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Phone # _____ Social Security # _____

Cell Phone # _____ Email Address# _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone # _____

Birthday (Please just put month and day NO YEAR – for celebration purposes only) _____

Are you over 18 years old? ___Yes ___No

Are you over 21 years old? ___Yes ___No (To be a volunteer counselor you must be 21 years or older.)

Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: ___Yes ___No
G.E.D.: ___Yes ___No

School name _____

2. College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) _____

Degrees earned _____ Dates _____

Describe other training or degrees _____



Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employment History: List most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Additional Information:

1. What is your reason for seeking to volunteer here? _____

2. Do you consider yourself a Christian? ___ Yes ___ No



If yes, how long have you been a Christian? _____

3. As a Christian, what is the basis of your salvation? _____

4. Please provide the following information concerning your local church.

Church name _____ Denomination _____

Address _____

Pastor's name _____ Phone _____

Positions in which you have served _____

5. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide life giving services (pregnancy support, post-abortive support, education support, sexual health support) in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

6. What special skills, talents, gifts, or personality traits would you bring to this ministry?

7. Have you ever counseled a woman who was considering an abortion? Yes No

(Explanation) _____

8. Have you had any experiences relating to abortion (personal, family, friends, or other)?

Yes No

(Explanation) _____

9. Have you ever known a single pregnant woman? Yes No

(Explanation) _____



References:

Please list persons who are not related to you and who have known you for at least two years, including your pastor. (Please completely fill out this section)

Name	Address & Zip Code	Phone #	Years acquainted	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center 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 upon such information. I give permission to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, 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 pregnancy center, 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.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

Signature of applicant _____

Date _____



STATEMENT OF FAITH

1. We believe there is one God eternally existing in three persons, God the Father, God the Son, and God the Holy Spirit.

We believe God the Father exists unchanging as the loving creator of all things. He is all-knowing, ever-present and all-powerful. God the Father created us in His own image. He seeks a personal relationship with everyone because He loves us. Man severed that relationship through sin, by following his own selfish nature rather than God's will, for which the just punishment is death. God continues to seek a relationship with us despite our sin.

Born of a virgin, God became man in the person of Jesus Christ to restore that relationship. Jesus, God the Son, led a sinless life. He sacrificed that life on the Cross and died bearing the punishment we deserve for all our sins. He was buried and rose from the dead and ascended into Heaven. As our Savior, He continues to intercede on our behalf until His return in glory and power.

After Jesus Christ's ascension, God the Holy Spirit descended to live within each of those who, through faith, have accepted Jesus Christ as their personal Savior. The Holy Spirit counsels and guides us to know the will of God and gives us the power to act upon His will.

2. We believe that when we repent of our sins and place our faith in Christ, it is by his grace we are saved through faith – not of our own doing but a gift from God. We believe God offers us forgiveness and the unmerited gift of eternal life. (*For it is by grace you have been saved, through faith-and this is not from yourselves, it is the gift of God-Ephesians 2:8-9; Titus 3:5*)
3. We believe the Scriptures of the Old and New Testaments were given by inspiration of God. Therefore, all scripture is authoritative, without error, and achieves all of its purposes. The (Ps. 19:7; II Timothy 3:16-17; 2 Pet. 1:20-21). (*"All scripture is God breathed and is useful for teaching, rebuking, correcting, and training in righteousness, so that the man of God may be thoroughly equipped for every good work." II Timothy 3:16*)
4. We believe that God's desire for us, the Body of Christ, His Church, is to become more like Him. (*"You were taught, with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; to be made new in the attitude of your minds; and to put on the new self, created to be like God in true righteousness and holiness." Ephesians 4:22-24*)
5. We are to worship within a local Church body, share the Good News of God's love, study the Bible and pray unceasingly. (*"They devoted themselves to the apostles; teaching and to the fellowship, to the breaking of the bread and to prayer." Acts 2:42*)
6. We believe that God created each of us in His own image and that all human life is sacred. Regardless of the circumstances in which life is conceived, we believe in God's desire and ability to redeem all things (Romans 8:20-23; I Cor. 5:17). We therefore have a responsibility to uphold the sanctity of each human life. (*"For you created my inmost being; you knit me together in my mother's womb." Psalm 139:13*)
7. We believe we are to abstain from sexual relations outside the union of marriage. (*"Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins against his own body. Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body." I Corinthians 6:18-20*)

I have read and agree with this Statement of Faith.

Signed and Dated by Applicant: _____



STATEMENT OF PRINCIPLE

1. The pregnancy Help Center is an outreach ministry of Jesus Christ through His church. Therefore, the PHC, embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies—both in word and in deed. Commensurate with this purpose, those who labor as PHC board members, directors, and volunteers are expected to know Christ as their Savior and Lord and through the power of the Holy Spirit are to live godly lives, including sexual abstinence outside of marriage and sexual fidelity with marriage.
2. The PHC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The PHC is committed to integrity in dealing with clients, earning their trust and providing promised information and services. The PHC denounces any form of deception in its corporate advertising or individual conversations with its clients.
4. The PHC is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope and plan constructively for themselves and their babies.
5. The PHC does not discriminate in providing services because of race, creed, color, national origin, religion, age, or marital status of its clients.
6. The PHC does not recommend, provide, or support abortion or abortifacients under any circumstances.
7. The PHC offers assistance free of charge at all times.
8. The PHC is committed to creating awareness within the local community of the needs of pregnant women and of the fact that abortion only compounds human need rather than resolving it.
9. The PHC does not recommend, provide, or refer single women for contraceptives. Married women seeking contraceptive information are urged to seek counsel, along with their husbands, from their pastor and physician.
10. The PHC recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternative. The PHC is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. The PHC receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of the PHC. The PHC neither initiates nor facilitates independent adoptions, though it may refer for independent adoptions in states where it is legal. The Pregnancy Help Center prohibits volunteers, employees, and member of the board from adopting children of clients.

Signature of Applicant and Date Signed



AGREEMENT TO RESOLVE DISPUTES BY MEDIATION OR ARBITRATION

In consideration of our mutual promises, we agree as follows: We are Christians and believe that the Bible commands us to make every effort to live at peace and to resolve disputes with each other in private or within the Christian Church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, we agree that any claim or dispute, including any statutory claim, arising from or related to the relationship between the parties shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. We agree that these methods shall be the sole remedy for any controversy or claim arising out of our relationship, and we expressly waive our right to file any legal action or claims in any civil court or agency against one another for such disputes, except to enforce an arbitration decision. In the event any provision of this contract shall be deemed invalid by a competent court, all remaining provisions are deemed severable and shall remain in full force and effect. This agreement is entered into solely for the purpose of determining how any legal disputes between us shall be resolved.

Dated this ____ day of _____.

Volunteer signature

Pregnancy Help Center of West Houston

By: _____
Executive Director



Volunteer Confidentiality Agreement

1. As a staff member of the Pregnancy Help Center, I hereby agree to maintain the confidentiality of all PHC clients with whom I come in contact either by phone or in person. I understand that this confidentiality extends to the female client as well as to any significant other who comes to the center in person or is mentioned on the phone or in the counseling room (i.e. parents, boyfriend, friend).
2. In counseling PHC clients, I will request permission, via the Client Intake form, to contact the client further. I will not attempt to contact any client whose permission is not indicated on the Client intake form.
3. I will not address any client I may meet outside the center, unless she addresses me. If the client does address me outside of the center, I will not discuss her involvement with the PHC unless she initiates the conversation.
4. I will not write any client unless I have her express permission to do so, and have so indicated in the Progress Notes.
5. I will shred any notes, phone notes, etc. that have client names and will replace client files in the file cabinet before the end of my shift.
6. I understand that many households subscribe to "Anonymous Call Rejection" and that calls from the PHC are anonymous. In the event that I attempt to follow up by phone and receive the anonymous call rejection notification ("The number you are calling does not accept calls from anonymous callers"), I understand: a) I can override the anonymous call rejection by dialing "*82", but b) I must check the client's file first to know whether she is willing to have calls made to her home which will be identified as coming from the PHC. If it is not clear from the file notes that she will accept calls that may be identified as coming from the PHC, I will not attempt to contact by phone.
7. I understand that staff members of the PHC are prohibited from transporting clients and family members to and from the center. Further, payment of bus or cab fare is the discretion of the Client Service Director and/or the Executive Director.
8. I understand as a representative of the PHC, I am prohibited from client visits outside of the center. Any exceptions to this policy must be discussed and in writing with the Executive Director and Client Service Director.
9. I will not leave the PHC with any client identifiers (i.e. client files, pictures, phone messages, phone numbers, etc.).
10. I will not give my personal phone numbers to clients or make and/or receive phone calls from clients outside of the center, including using my cell phone *unless I have Client Services approval.*
11. I will discuss client information with others outside the center only in general terms, never mentioning names or identifying information, and only to the extent that it is necessary for me to receive prayer support, educate others on the work of the center or to praise God for what he is doing in me, my clients or others at the center.
12. I understand that any breach of client confidentiality as described herein is subject to immediate termination from my staff position with the PHC.

Name

Date