



VOLUNTEER APPLICATION

DATE

Name _____
Last First Middle Initial

Address _____
Number & Street City State Zip Code

Phone # _____ Email: _____ Are you over 18 years old? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, explain: _____

Education:

High School: Number of years completed (circle one) 1 2 3 4 Diploma: ___ Yes ___ No GED: ___ Yes ___ No

School _____

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4 5 6 7

School (s) _____ Degrees Earned (Date) _____

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.

Employer _____ Date of Employment: From _____ To _____

Address _____ Position/Duties _____

Additional Information:

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

2. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

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

4. Have you ever counseled a woman (man) who was considering an abortion choice? Yes No (Explanation)

5. Have you had any personal experiences relating to abortion? Yes No (Explanation)

6. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

Never an option In cases of rape or incest In cases where the mother's life is in extreme peril

In cases of extreme psychological distress Other (Explain)

7. Briefly explain your understanding of Biblical principles for sexual integrity.

8. How would you rate yourself in the following areas?

- a. Knowledge of abortion methods? excellent good fair poor
b. Knowledge of current laws concerning abortion? excellent good fair poor
c. Knowledge of what the Bible teaches about abortion? excellent good fair poor

9. Are you currently or have you ever been involved in seeking to adopt a child? Yes No

(Explanation)

10. Which AHC Center are you able to serve at?

- a. Fort Wayne, Hobson Road
b. Fort Wayne, South Calhoun
c. Columbia City, Main Street

REFERENCES

Please provide the following information concerning your local church.

Church: _____ Denomination: _____

Address: _____

Phone: _____ Pastor's Name: _____

Person in leadership who would best be able to respond to reference inquiries about you: _____

Pastor's (or Leadership person's) EMAIL address: _____

Positions in which you have served _____

Please provide two additional references, who are not related to you.

Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____ Years Acquainted: _____

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 *A Hope Center* to verify their accuracy and to obtain reference information concerning my character and capabilities. I release *A Hope 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. If I become a volunteer at *A Hope Center*, I agree to fully adhere to its policies, 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 *A Hope 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 A Hope Center's Statement of Faith and Statement of Principle.

Signature of Applicant _____ Date _____

Name _____

PLEASE CHECK AREAS OF INTEREST

ADVOCATE: Direct client contact

- Earn While You Learn Facilitator – *assists clients with EWYL lessons and material assistance, high client interaction with discipleship/mentoring opportunities*
- Volunteer Advocate – *peer counseling with pregnancy test clients (clients who may be choosing life, considering abortion, or are abortion minded) as well as assisting clients with EWYL lessons/material assistance*
- Nurse Volunteer – *nurses will be required to meet all levels of training due to our limited medical status and being required to give information on abortion and STI's.*

You will work directly with the clients providing information, guidance, referrals and ongoing support and friendship. You will be encouraged to establish ongoing relationships with clients (in-house) and work with these cases until they are closed.

You will be required to participate in a concentrated classroom training and in-office training. This will teach and explain the core mission of A Hope Center, our role as a pregnancy resource center, and policies and procedures.

CLIENT SUPPORT SERVICES: Limited client contact

- Class teacher or helper (special training may apply: Nutrition, Parenting, and Newborn Care)

Working in the classroom will give you limited client contact, providing information and guidance based on the topic of training.

You will be required to participate in the in-office training and encouraged to come to the classroom training. This will teach and explain the core mission of A Hope Center, our role as a pregnancy resource center, and policies and procedures.

MINISTRY SUPPORT SERVICES: No client contact

- Bonus Room Attendant - *works in the bonus room to sort & restock clothes, baby items, and diapers.*

CHURCH LIAISON:

- Updates the church on the ministry of A Hope Center and encourages the church to participate through fundraisers, baby showers, volunteers, etc.

CONSULTATION:

- Your area of expertise _____

**** Please note, the cost for the training manual is \$35 ****

STATEMENT OF PRINCIPLE

Effective May 2004

1. The pregnancy center is an outreach ministry of Jesus Christ through His church. Therefore, the pregnancy center, 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 pregnancy center board members, directors, and volunteers are expected to know Christ as their Savior and Lord.
2. The pregnancy center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The pregnancy center is committed to adopting and enforcing internal procedures to assure that abortion education is performed in a caring and compassionate manner with due respect for the emotional sensibilities of each client. Prior to usage by the center, client materials containing descriptions or depictions of abortion will be reviewed by a qualified medical professional (ex: physician, nurse) and determined to be medically accurate. Materials with graphic depictions of abortion or its results are not content appropriate when the primary effect of such materials is to shock rather than to educate. When using approved abortion education materials with clients, center personnel will always give specific warnings and obtain written client permission before showing any videos, brochures, or diagrams that contain any visual depictions of abortion or its results. No client will ever be asked, pressured or coerced to view abortion education materials which she or he has indicated a desire not to see.
4. The pregnancy center is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. The pregnancy center denounces any form of deception in its corporate advertising or individual conversations with its clients.
5. The pregnancy center is committed to assisting women 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.
6. The pregnancy center does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.
7. The pregnancy center does not recommend, provide, or refer for abortion or abortifacients.
8. The pregnancy center offers assistance free of charge at all times.
9. The pregnancy center 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.
10. The pregnancy center does not recommend, provide, or refer single women for contraceptives. (Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor and/or physician.)
11. The pregnancy center recognizes the validity of adoption as an alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. Pregnancy centers interacting with independent adoption agencies shall assure that referrals are made in a manner that fully protects the interests of clients and avoids any conflicts of interest. Adoption agencies may only be established under the auspices of centers if they meet strict standards to assure that pregnancy clients shall be served without any conflicts of interest.
12. The pregnancy center otherwise upholds all of the principles and requirements set forth in our Commitment of Care.

Adapted from the National Association of Evangelical's statement of faith.

CARE NET 44180 Riverside Pkwy, Suite 200 Lansdowne, VA 20176

I certify that I have read and that I am in full agreement with A Hope Center's Statement of Principle.

Signature of Applicant _____ Date _____

STATEMENT OF FAITH

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

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