Life CHOICES
pregnancy + family resource center

VOLUNTEER APPLICATION

Today's Date: _____

Name	
Address	
City/Zip	
Phone Number	
Email	
Employer/ Occupation	
Spouse's Name	
Birthdate	

Volunteering at Life Choices is a commitment. Please indicate your preferred location and time preference. We encourage one shift per week but will work with your availability.

Franklin County	10-2	2-6	Coffee County	10-2	2-6	Grundy County	10-2	2-6
Monday			Monday			Monday		
Tuesday			Tuesday			Tuesday		
Thursday			Thursday			Thursday		

Please circle your area(s)of interest:

Administrative	Post-Abortion	Medical
Board of Directors	Special Projects	Fundraising Projects
Working with clients	Service Volunteer- (not working with clients)	

How did you hear about Life Choices? _____

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PERSONAL BACKGROUND

1. Education

___ Less than High School ___High School/GED ___Some College ___Graduated College ___Other

2. Previous work experience:

_____

_____

3. Previous volunteer experience:

_____

_____

4. Number of Children: _____

5. Have you ever been convicted of a crime? ____ No ____ Yes *(If so, please provide details.)*

_____

_____

SPIRITUAL BACKGROUND

1. What church do you currently attend? _____

2. Denomination: _____

3. Church phone number and address: _____

4. Pastor's name we may contact: _____

5. Church attendance per month (Circle One): 0 1 2 3 4 5+

6. How do you participate in your church? _____

7. Have you personally received Jesus Christ as your Savior? ____ Yes ____ No ____Don't know

If yes, when? _____

8. How do you know that Jesus Christ is your Savior?

_____

_____

_____

9. If you have received Christ as your Savior, what changes took place in your life when you became saved?

_____

_____

10. In John 14:16, "Jesus answered, 'I am the way, the truth, and the life. No one comes to the father except through me.'"

Do you agree with this statement? ____ Yes ____ No ____ Not sure

11. Do you read the Bible? _____Never ___ Occasionally ___ Often ___ Daily

12. Do you have personal devotions? _____Never ____ Occasionally ____ Often ____ Daily

13. Describe any recent changes in your spiritual life:

_____

_____

14. Volunteering with Life Choices is spiritual warfare. How do you plan to personally deal with this?

_____

_____

PERSONALITY BACKGROUND

1. What special gifts, talents, abilities, or training do you bring to Life Choices?

_____

2. What are your personal strengths?

_____

3. What are possible areas of weakness?

_____

4. What personality types do you have difficulty working with?

_____

5. Circle any of the following words that best describes you:

Active Ambitious Self-confident Persistent Nervous Hardworking Impatient
Impulsive Moody Often-Blue Excitable Imaginative Calm Easy-Going Lonely
Introvert Extrovert Quiet Likable Leader Hard-boiled Good-natured Submissive
Sensitive Self-conscious Shy Serious Other _____

VIEWS ON SEXUALITY

Our own personal experiences have an effect on how we interact with clients:

1. What do you consider to be the purpose of sex? _____

2. What are your views concerning abstinence? _____

3. If not married, have you made the decision to remain abstinent until marriage?

____ Yes ____ No ____ Not Sure

4. If yes, what is your plan for accomplishing this goal? _____

_____

5. Have you had a personal experience related to an unexpected pregnancy? *(If you do not wish to write your answer, you may speak with your Center Director or Executive Director.)* _____

_____

_____

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

_____

_____

REFERENCES

We would like to contact the pastor whose name you listed previously above. Please provide the names and addresses of two other non-relatives we may contact for references.

Name	Address	Phone	Relationship	Length of time known

On this page or you may attach a separate paper, please write a letter to the Director explaining why you want to be a Life Choices volunteer.

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AUTHORIZATION AND AGREEMENT

The answers above are true and complete. I understand that completion of this application is the first step towards becoming a volunteer at Life Choices. I also understand the ultimate decision, as well as the extent and duration, is at the sole discretion of the Life Choices Director.

If I become a Life Choices volunteer, I agree to fully adhere to all policies and procedures.

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 recognize that as a volunteer, I will serve in a different role than the employees of Life Choices, 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.

Signature _____

Print Name _____ Date _____

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 and 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 a competent court shall deem any provision of this contract invalid, 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.

Signature _____

Print Name _____ Date_____

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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 who's 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.

In signing this, I am also stating that I have read the Statement of Faith and agree with it.

Signature _____

Print Name _____ Date_____

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Statement of Principles

1. Life Choices Pregnancy & Family Resource Center is an outreach ministry of Jesus Christ through His church. Therefore, Life Choices Pregnancy & Family Resource 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 Life Choices Pregnancy & Family Resource Center board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. Life Choices Pregnancy & Family Resource Center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. Life Choices Pregnancy & Family Resource Center is committed to integrity in dealing with clients, earning their trust, providing promised information and services, and eschewing any form of deception in its corporate advertising or individual conversations.
4. Life Choices Pregnancy & Family Resource Center is committed to assisting woman to carry to term by providing emotional support and practical assistance. Through the provision of Gods people and the community at large, woman may face the future with hope and plan constructively for themselves and their babies.
5. Life Choices Pregnancy & Family Resource Center never discriminates in providing services because of the race, creed, color, national origin, age or marital status of its clients.
6. Life Choices Pregnancy & Family Resource Center does not recommend, provide, or refer for abortion or abortifacients.
7. Life Choices Pregnancy & Family Resource Center offers assistance free of charge at all times.
8. Life Choices Pregnancy & Family Resource Center is committed to creating awareness within the local community of the needs of pregnant woman, and of the fact that abortion only compounds human need rather than resolving it.
9. Life Choices Pregnancy & Family Resource Center does not engage in contraceptive counseling. Women seeking contraceptive information should be urged to seek counsel from their pastor and physician.
10. Life Choices Pregnancy & Family Resource Center recognizes the validity of adoption as one alternative to abortion but is not biased toward adoption when compared to the other life-saving alternatives.
11. Life Choices Pregnancy & Family Resource Center is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources.
12. Life Choices Pregnancy & Family Resource Center receives no payments of any kind from these agencies and does not enter into contractual relationships with them. Adoption agencies are not established under the auspices of centers.
13. Life Choices Pregnancy & Family Resource Center neither initiates nor facilitates independent adoptions.

In signing this, I am also stating that I have read the Statement Principles and agree with it.

Signature _____

Print Name _____ Date_____

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Client Advocate Guidelines

- Always be honest and forthright with clients in presenting information. Answer questions fully. If you do not know the answer to a question, offer to get the information or put the client in touch with someone with the information.
- When discussing abortion procedures and risks, it is required that Client Advocates read or paraphrase selections from approved brochures rather than telling the procedure in your own words.
- Be sensitive to the emotional state of the client. Do not argue with them. Allow the client to express their feelings. Assist them through good reflective listening and compassion. *(Comfort the brokenhearted—confront the hardhearted.)* Avoid any actions or statements that cause clients emotional distress or trauma.
- Avoid using strong or threatening language, i.e., murder, kill, going to hell, etc.
- Always ask permission prior to even the slightest touch to a client. Never attempt any kind of physical contact with hostile clients.
- Clients should never be forced to receive information (either written or verbal).
- Clients should always have clear, unobstructed access to the door. Clients need to be free to leave the lesson room and Center at any time. Never block someone from leaving the premises. Never physically touch a client if they are trying to leave the Center. It may be interpreted as attempting to hold them against their will.
- Client Advocates should always respect the client, and not intimidate or place judgment. A Client Advocate's role is to show hope and provide access to truthful, complete information. Your words and actions should be undemanding and non-aggressive.
- **DO NOT GIVE LEGAL ADVICE TO A CLIENT.**
- **DO NOT GIVE MEDICAL ADVICE TO A CLIENT.** Clients should always be referred to a physician or clinic in the community. It is best to give three medical referrals if possible. Always refer a client immediately for medical care if she is experiencing any discomfort in her pregnancy, menstrual cycle or general health.
- **Client Advocates must never give advice even if they have had a similar experience.**
- Focus on the client's needs and how the Center can meet those needs. Never discuss other pregnancy organizations, abortion facilities, physicians, or agencies in a negative fashion. Explain that you can speak about what services Life Choices offers but cannot speak for another agency or professional.
- Inform a minor of their options and always encourage them to talk with their parents. If they are having problems with their parents, offer to talk to the parents with them. Any placement of minors in an agency or private housing must occur with parental knowledge and consent and should be made within a positive working relationship with the parents. These arrangements must be made through the Center Director.
- A client must give written permission to speak about her pregnancy or circumstances unless they are suicidal, homicidal, abusing, or being abused. Do not break confidentiality in any other case. Do not answer questions over the phone or if someone comes to the Center saying they are the boyfriend, friend, etc.
- The client should be present, if at all possible, when a phone call is made to a specific person, such as a social worker or physician, in order to release information. Prior to this call, the client should give you written permission to make the call on a signed and dated waiver form.
- Client Advocates should not give out their home telephone numbers.

In signing this, I am also stating that I have read the Client Guidelines and agree with them.

Signature _____

Print Name _____ Date_____