

Life Choices Pregnancy Support Center VOLUNTEER APPLICATION

Name:	Today's Date:
Address:	City/Zip:
Employer & Occupation:	Age & Birthdate:
Phone Numbers (home, cell, work):	Do you Text?
Primary Email address for communication:	Spouse's Name (if married):

A commitment to Life Choices is considered as employment. What are you willing for your time commitment to be? We encourage one shift per week, but we will honor whatever your time allows. Please indicate which shifts would be your first, second, or third choice.

Franklin Co.	10-2	2-6	Coffee Co.	10-2	2-6	Grundy Co.	10-2	2-6
Monday			Monday			Tuesday		
Tuesday			Wednesday			Thursday		
Thursday			Thursday					

Please indicate the area(s) in which you would like to volunteer:

- | | | | |
|--------------------|------------------|----------------------|---------|
| Peer Counselor | Administrative | Post-Abortion | Medical |
| Board of Directors | Special Projects | Fundraising Projects | |

How did you hear about Life Choices? _____

PERSONAL BACKGROUND

1. Extent of formal education: _____
2. Previous work experience:
3. Previous volunteer experience:

4. Number of Children: _____	Children's Names	Ages
	_____	_____
	_____	_____
	_____	_____
	_____	_____

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

SPIRITUAL BACKGROUND

1. What church do you currently attend? _____

2. Church 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 7 8 9 10+

6. In what ways 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

Explain your answer: _____

11. Do you read the Bible? Never Occasionally Often Daily

12. Do you have personal devotions? Never Occasionally Often Daily

13. Describe your personal devotions: _____

14. Describe any recent changes in your spiritual life: _____

15. 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 you believe best describe 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 counsel clients and how things go in the classroom. Please answer the following questions regarding your experience and views on sexuality.

- 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 a 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 Program Director or the Executive Director.) _____

a. What was the outcome of the pregnancy? (Circle the outcome at applies)

Parent

Adoption

Miscarriage

Abortion

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 whom we may contact for references.

1. Name _____

Address _____

Phone Number _____

Relationship _____ Length Known _____

2. Name _____

Address _____

Phone Number _____

Relationship _____ Length Known _____

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

AUTHORIZATION AND AGREEMENT

The answers above are true and complete. I understand that completion of this application is but the first step toward becoming a volunteer at Life Choices. I also understand the ultimate decision as to whether I become a volunteer, as well as the extent and duration of the opportunity to be a volunteer, is solely at the discretion of the Life Choices Director.

If I become a volunteer at Life Choices, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. 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 _____

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.

Statement of Principles

1. Life Choices Pregnancy Support Center is an outreach ministry of Jesus Christ through His church. Therefore, Life Choices Pregnancy Support 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 Support Center board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. Life Choices Pregnancy Support Center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. Life Choices Pregnancy Support 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 Support 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 Support 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 Support Center does not recommend, provide, or refer for abortion or abortifacients.
7. Life Choices Pregnancy Support Center offers assistance free of charge at all times.
8. Life Choices Pregnancy Support 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 Support Center does not engage in contraceptive counseling. Woman seeking contraceptive information should be urged to seek counsel from their pastor and physician.
10. Life Choices Pregnancy Support 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. Life Choices Pregnancy Support Center is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. Life Choices Pregnancy Support 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. Life Choices Pregnancy Support Center neither initiates nor facilitates independent adoptions.

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

Signature _____

Print Name _____

Date _____

Life Choices, PSC

BACKGROUND SCREENING RELEASE & AUTHORIZATION FORM

PLEASE TYPE OR PRINT

I, _____
 FIRST NAME MIDDLE NAME LAST NAME (Please Include Jr., Sr., II, III, etc.)

understand that **Life Choices PSC** will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, work habits, work performance, professional and personal references, general reputation, personal characteristics and mode of living, workers' compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for **Life Choices, PSC** and/or its designated agents or representatives to conduct the searches and investigations. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at **Life Choices, PSC**. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time. In addition, I hereby release **Life Choices, PSC**, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization. Upon request, **Life Choices, PSC** will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: **Life Choices, PSC, 37 Sunrise Park Dr, Winchester TN 37398** or by contacting us at **(931)962-8822**.

CHECK THIS BOX if you are applying for work with a California, Minnesota or Oklahoma-based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5, 1786.16(a)(5)(b)(1), & 1786.22; MN Code 13C Subdivision 2; OK Code 24 O.S. §148. Background screening information may be obtained through Investigative Concepts. For information on Investigative Concepts privacy policies, visit their website at www.icscreening.com.

Responses to the following questions are completely voluntary. You need not respond to have your employment application considered. However, law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purposes.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	PLEASE CIRCLE ONE	RACE
		MALE OR FEMALE	

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE: _____ **DATE:** _____

1/2014