

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.

Winchester	9-1	1-5	5-7	Manchester	10-2	2-6	Grundy	10-2	2-6
Monday		XX	XX	Monday			Tuesday		
Tuesday				Wednesday			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: _____

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.)* _____

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 _____