



LIFE OPTIONS CLINIC - VOLUNTEER APPLICATION

Century Clinic Milton Clinic Both Clinics

Name: _____ Start Date _____

Date of Birth: _____ Email: _____

Phone: Home: _____ Cell: _____ Work: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you ever been convicted of a crime? Yes No

Applicant Occupation: _____

Employer: _____

Employer Phone: _____ Supervisor: _____

Previous Work Experience:

Previous Volunteer Experience:

Please provide the following information about the local church you attend:

Church Name: _____

Address: _____

Phone Number: _____ Pastor's Name: _____

Positions in which you have served:

Please attach a letter of recommendation from the pastor of your church.

What prompted you to get involved in this kind of ministry?

How does your spouse or family feel about this kind of ministry?

Describe your personal experience with pregnancy, childbirth, abortion, divorce, or widowhood.

How have these experiences impacted your life?

Would you feel uncomfortable dealing with any particular areas?

What do you feel are your strong areas?

What do you feel are your weak areas?

How do you feel about abortion as a solution to a problem pregnancy?

On what do you base your belief about abortion?

In the space below, please write your personal testimony. Tell how you became a Christian and relate your ongoing relationship with Christ. Include something of your spiritual gifts, Christian service, and spiritual goals.

(Please use the back or add pages as needed.)

References:

Please list persons who are not related to you and who have known you for at least two years. This list will not include your pastor.

1. Name: _____
Address: _____
Phone Number: _____ Relationship: _____
2. Name: _____
Address: _____
Phone Number: _____ Relationship: _____

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 Life Options Clinic to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Life Options Clinic 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 Life Options Clinic 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 Life Options Clinic, 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 employees of the Clinic, and I am not seeking, not 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 am in full agreement with Life Options Clinic Statement of Faith and Principles.

Applicant's Signature

Date

Print Name

VOLUNTEER PLEDGE:

Recognizing that Life Options Clinic is a Christian ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read the Statement of Faith and am in complete agreement with all statements in it.

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for any woman facing pregnancy.

I believe in chastity outside of marriage and in the sanctity of marriage between a man and woman as taught in the Bible. Therefore, I commit to a lifestyle of sexual purity.

I agree to be faithful in church attendance and participation, as a member of a local body of Christ.

I accept the responsibility to act and advocate on behalf of the women under my care; to give accurate information, emotional support, and spiritual guidance. I will keep all information on the Clinic's clients in the strictest confidence, in accordance with Clinic policies. I will consistently uphold the Clinic's policies regarding confidentiality, even after I am no longer a volunteer.

Understanding the vital role volunteers play in the work of Life Options Clinic, I commit myself to faithfully serve _____ hours per week on a regular basis. Additionally, I agree to attend the Clinic staff meetings, which are held at 9:30 on each day of the week – I will attend on the day I have signed up to volunteer. I will also attend any in-service training sessions. I have agreed to enter into my role as a volunteer without any expectation of receiving compensation for the services I perform.

I have read, understand, and agree with the Clinic's Statement of Principles, and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and Executive Director.

Volunteer Signature

Date

Print Name

Life Options Clinic - Interest Inventory

Name: _____

- Century Clinic hours: open Tuesday and Thursday > 10:00 a.m. to 4:30 p.m.
- Milton Clinic hours: open Monday, Tuesday, Wednesday, and Thursday > 10:00 a.m. to 4:30 p.m.

Please check below the clinic and times that work best for you; if you are available to volunteer at both clinics, please note the times for each clinic. **Please note: that it helps us the most if you can volunteer from 9:25 to 4:30; however, if you cannot stay a full day, the next best time is 9:25 to 2:30.**

_____ CENTURY CLINIC

Tuesday

9:25 – 4:30 _____

9:25 – 2:30 _____

Thursday

9:25 – 4:30 _____

9:25 – 2:30 _____

_____ MILTON CLINIC

Monday

9:25 – 4:30 _____

9:25 – 2:30 _____

Tuesday

9:25 – 4:30 _____

9:25 – 2:30 _____

Wednesday

9:25 – 4:30 _____

9:25 – 2:30 _____

Thursday

9:25 – 4:30 _____

9:25 – 4:00 _____

Please indicate below the volunteer position you feel led to fill:

_____ Client Advocate

_____ Front Desk Greeter

_____ Bible Study Leader

_____ Baby Store

_____ Child Care

_____ Class Leader

_____ Fundraiser

_____ Banquet Organizer

_____ Other – Please explain: