

Hope Pregnancy Centers Volunteer Application Form

Date: _____

Name: _____ Email: _____

Address: _____ City/State: _____

Zip: _____ Phone: (Home) _____ (Cell) _____

TRAINING/GIFTS

1. What special gifts, talents or personality traits do you bring to this ministry?

2. What are possible areas of weakness?

3. What is your educational background? List any special training, Biblical studies or education experience.

4. Describe three things you have enjoyed doing most in your life. Describe what you did well and what made you enjoy doing it. Describe each experience in a few sentences. (Use back of paper if needed)

a. _____

b. _____

c. _____

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

6. How do you resolve conflict/disagreements?

GENERAL INFORMATION

1. How did you hear about the Hope Pregnancy Center?

2. What is your reason for getting involved in the Hope Pregnancy Center?

3. What other ministries or organizations have you either been a lay-counselor for or been involved with?

4. How does your spouse/family feel about this involvement?

5. Have you ever known a single mother? Yes No
What were your feelings about her particular situation?

6. How do you feel about a single woman parenting her baby?

7. How do you feel about a woman placing her baby for adoption?

8. Are you currently seeking to adopt a child?

9. Have you ever counseled a woman who was considering an abortion? Yes No Please Explain:

10. Under what circumstances, if any would you consider abortion as an option for a woman with an unplanned pregnancy?

Never an option Life of the mother In cases of rape/incest In cases of extreme psychological stress

Other: Explain: _____

11. Knowledge of abortion risks for women.

- excellent good fair poor

12. Knowledge of existing laws regulating abortion.

- excellent good fair poor

13. When do you feel sexual intercourse is morally permissible?

14. What are your feelings regarding birth control and single adults or teenagers who are sexually active?

PERSONAL INFORMATION

1. Birthdate ____/____/____ Spouse name: _____

2. Marital Status Married Single Divorced Separated Widow How long? _____

3. Do you have Children? Yes No If yes, how many and how old? _____

4. Have you ever faced an unplanned pregnancy? Yes No If yes, briefly share about the experience.

5. Have you or someone you love ever chosen a plan of adoption for a baby? Yes No

If yes, briefly share about the experience. _____

6. Have you ever had an abortion? Yes No If yes, briefly share about the experience.

CHRISTIAN WALK

1. Do you consider yourself a Christian? Yes No If yes, explain what it means to be a Christian.

2. How long have you been a Christian?

3. Please give a brief statement (testimony) about how you came to know Jesus Christ as your personal Lord and Savior.

4. How has your life changed since your personal relationship with Jesus Christ began?

5. What church do you attend? _____

Denomination: _____ Pastor's Name: _____

6. How long have you been involved at your church? _____

STATEMENT OF FAITH/STATEMENT OF PRINCIPLE

Please read the Statement of Faith and Statement of Principle on the following pages.

1. Are you in total agreement with these two statements? Yes No If not, please explain.

2. What questions do you have about these two documents, if any?

Hope Pregnancy Center Statement of Faith

We believe the Bible to be the divinely inspired, infallible, inerrant, and authoritative Word of God. It is our source and final authority. **II Timothy 3:16**

We believe that there is one God, who lives eternally existent in three persons: Father, Son and Holy Spirit. **Matthew 3:1; Philemon 2:6-11; Matthew 1:23; John 1:1; John 10:30**

We believe in the deity of Jesus Christ our Lord, His virgin birth, sinless life, miracles, and our atonement through his death. We believe that there is no other way by which we must be saved than in the name of the Lord Jesus Christ. **Luke 1:26-33; John 10:32; Acts 4:12**

We believe in His resurrection and ascent to the right hand of the Father. We believe in and look forward to His return in power and glory. We believe in the present ministry of the Holy Spirit who dwells in us and enables us to fellowship with Him, live for Him, and allow Him to work through us. **Philippians 3:10; Romans 8:9-11**

We believe in the spiritual unity, fellowship, and co-working of believers in Jesus Christ. **Romans 15:5-6**

Hope Pregnancy Center Statement of Principle

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 Jesus Christ to the men and women we serve both in word and in deed. Those who labor as pregnancy center staff and volunteers are expected to know Jesus Christ as their Savior and Lord.

The pregnancy center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.

The pregnancy center is committed to assisting women to 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.

The pregnancy center never discriminates in providing services because of race, creed, color, national origin, age or marital status of its clients.

The pregnancy center does not recommend, provide or refer for abortion or abortifacients (any birth control that interferes with the fertilized egg).

The pregnancy center does not recommend, provide or refer single women for contraceptives. (Married women seeking contraceptive information should be urged to talk to their physician.)

LEGAL INFORMATION

The responses to the following questions will be kept confidential in the Office of the Center Director. This is privileged communication and will not be shared.

1. **Have you ever engaged in, been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse?** Yes No

If yes, please explain. Attach a separate page, if necessary. _____

2. **Were you a victim of sexual or physical abuse or molestation while a minor?** Yes No

If yes, please explain. _____

3. **As a part of the application process, it is a requirement of Hope Pregnancy Center to request a background check.**

Social Security Number: _____

For Office Use Only

Date of interview _____ Date began at HPC _____ Date left HPC _____

Comments: _____

Volunteer Agreement

Recognizing that the Hope Pregnancy Center is an evangelical ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read and agree with the Statement of Faith.

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 an unplanned pregnancy.

I accept responsibility to act as an advocate on behalf of the women I see; to give accurate information, emotional support, and spiritual guidance. ALL INFORMATION ON HPC CLIENTS WILL BE KEPT IN STRICT CONFIDENCE. I WILL CONTINUE TO KEEP THE INFORMATION CONFIDENTIAL EVEN AFTER I AM NO LONGER A VOLUNTEER AT THE HPC.

I believe in the doctrine of sexual purity outside of marriage as stated in the Bible (1 Thessalonians 4:1-5). I agree to remain abstinent outside of marriage.

Understanding the vital role volunteers play in the work at HPC, I do commit myself to faithfully serve the Lord 4 hours per week on a regular basis for no less than one year (unless otherwise agreed upon by the Director). Additionally, I will attend volunteer meetings.

I have read and understand and agree with the HPC Statement of Principle and will at all times uphold it, as well as the policies and procedures established by the State Director of Hope Pregnancy Ministries and the Center Director of the HPC in which I will be serving.

Volunteer Signature

Date

Director

Date

Volunteer Service Sheet

Name: _____ Email: _____

Address: _____ City/State: _____

Zip: _____ Phone :(Home) _____ (Cell) _____

Church Affiliation: _____

The Hope Pregnancy Center needs YOU! We are a ministry that is dedicated to helping mothers, fathers and their unborn children. As a ministry, we rely heavily on volunteers to keep the doors open and our outreach effective. Listed below are many areas of ministry that need to be filled. God bless you as you consider working for Him in the following areas:

MINISTRIES

- Client Care Volunteer
- Empowered Parenting Facilitator
- Baby Boutique – assist shoppers; maintain shop
- Abortion Recovery Ministry (ARM)
- Public Speaker
- Prayer Person

FUND RAISING

Annual Banquet

- Table Hosts
- Underwriters
- Banquet Planning Team

Annual Walk

- Church Liaison

MEDICAL TEAM

- Doctor – OB/GYN
- Sonographer
- Pregnancy Testing:
 - RN; LPN; PA
 - Other medical professional: _____

OFFICE HELP

- Mail Outs
- Data Entry
- Receptionist

MISCELLANEOUS

- Sewing Positive Bags
- Writing & gathering articles for our donor newsletter
- Housekeeping & stocking (Cleaning and stocking counseling rooms)
- Client room maintenance (Literature inventory and restocking)

Hope Pregnancy Center

Emergency Notification Information

Please complete the following information to be used in the event of an emergency. Please print.

Your Name: _____

Spouse's name if not listed below: _____

Email Address: _____

Today's date: _____

Please list at least three contacts: *(Please Print)*

Name	Relationship	Phone 1	Phone 2



Dear Friend:

Attached are three reference forms. One will need to be filled out by your Pastor. The other two are to be filled out by someone that has known you for at least two years, and is not related to you.

Please have each person *mail them directly back to the director of the appropriate center:*

Hope Pregnancy Center North
10327 N. May Avenue
Oklahoma City, OK 73120

Hope Pregnancy Center South
1624 SW 82nd Street
Oklahoma City, OK 73159

Hope Pregnancy Center Tulsa
13012 East 21st Street
Tulsa, OK 74134

Hope Pregnancy Center Ardmore
921 N. Washington
Ardmore, OK 73401

Hope Pregnancy Center Edmond
1033 N. Bryant Avenue
Edmond, OK 73034

Sincerely,

Director

Volunteer Reference Form

Reference for: _____ Date: _____

Your Name: _____

The person above has applied for a volunteer position at the Hope Pregnancy Center. A volunteer has direct client contact either on the phone, as a receptionist or as a peer counselor in the Center. The candidate has been asked to supply the Center with three references and your assistance will be greatly appreciated.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord.
2. Dependability, responsibility and willingness to give of themselves.
3. Submission to the Center's policies and procedures and to those in leadership.
4. Steadfastness, faithfulness, and possession of an unshakeable confidence in the Word of God with an ability to communicate its truth.
5. Uncompromised commitment to the sanctity of all human life.

Please answer the questions listed below:

1. How long have you known the applicant? _____

2. What is your relationship with the applicant?

3. How would you rate the applicant regarding the following:

(Scale – 5 – excellent 4 – good 3 – satisfactory 2 – fair 1 – poor)

_____ Dependability _____ Spiritual maturity _____ Cooperation _____ Initiative

_____ Communication skills _____ Compassion/mercy _____ Submission to authority

4. Write a short paragraph describing the applicant in relation to description of the qualities sought above.

Please mail completed form directly to the selected center:

- Director, Hope Pregnancy Center North, 10327 N. May Avenue, Oklahoma City, OK 73120
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