

# VOLUNTEER APPLICATION

## LIFE CHOICES CLINIC

1208 Idaho Street  
Lewiston, ID 83501  
208-746-9704

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Spouse: \_\_\_\_\_  
Last First Middle Initial.

Address \_\_\_\_\_  
Number and Street City State Zip Code

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

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### Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: \_\_\_ Yes \_\_\_ No G.E.D.: \_\_\_ Yes \_\_\_ No

School name \_\_\_\_\_

2. College or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s): \_\_\_\_\_ Major \_\_\_\_\_

Degrees Earned (Dates) \_\_\_\_\_ Describe other trainings \_\_\_\_\_

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### Previous Volunteer Experience: (Most recent or one that relates to a Pregnancy Center):

Organization \_\_\_\_\_ Date of volunteer service: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's name \_\_\_\_\_

**Employment History:** (Most recent):

Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Position/Duties \_\_\_\_\_ Supervisor's name \_\_\_\_\_

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**Additional Information:**

1. Why do you want to volunteer at LIFE CHOICES CLINIC? (Use back of page if needed) \_\_\_\_\_  
\_\_\_\_\_

2. Do you consider yourself a Christian? \_\_\_ Yes \_\_\_ No If yes, how long have you been a Christian? \_\_\_\_\_

3. Please provide the following information concerning your local church.

Church name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Positions in which you have served \_\_\_\_\_

4. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this Center.

\_\_\_\_\_  
\_\_\_\_\_

5. What special skills, talents, gifts, or personality traits would you bring to this ministry? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- \_\_\_\_\_ Never an option
- \_\_\_\_\_ In case of rape or incest
- \_\_\_\_\_ In case where the mother's life was in extreme peril
- \_\_\_\_\_ In case of extreme psychological distress
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

7. How would you rate yourself in the following areas?

- a. Knowledge of abortion methods—excellent \_\_\_ good \_\_\_ fair \_\_\_ poor \_\_\_
- b. Knowledge of current laws concerning abortion—excellent \_\_\_ good \_\_\_ fair \_\_\_ poor \_\_\_
- c. Knowledge of what the Bible teaches about abortion—excellent \_\_\_ good \_\_\_ fair \_\_\_ poor \_\_\_

8. What do you consider to be your possible areas of weakness? \_\_\_\_\_

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9. Are there any particular personality types with whom you have difficulty working? \_\_\_\_\_

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## LIFE CHOICES CLINIC STATEMENT OF PRINCIPLE

1. LIFE CHOICES CLINIC is an outreach ministry of Jesus Christ through His Church. Therefore, the LCC embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies—both in word and deed.
2. LIFE CHOICES CLINIC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. LCC is committed to integrity in dealing with clients, earning their trust and providing promised information and services. Life Choices Clinic denounces any form of deception in its corporate advertising or individual conversations with its clients.
4. LIFE CHOICES CLINIC 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.
5. LIFE CHOICES CLINIC does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.
6. LCC does not recommend, provide, or refer for abortion or abortifacients.
7. LCC offers assistance free of charge at all times.
8. LIFE CHOICES CLINIC is committed to creating awareness within the local community of the needs of pregnant women and of the fact that abortion only compounds human need rather than resolving it.
9. LIFE CHOICES CLINIC does not recommend, provide, or refer single women for contraceptives. (Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor and physician.) LCC maintains a biblical view of sexual integrity and upholds the principle of abstinence from sexual activity outside of marriage.
10. LCC 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 Clinic is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. LCC receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of Life Choices Clinic. LCC neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

## LIFE CHOICES CLINIC STATEMENT OF FAITH

We believe in one God, the Father almighty, maker of heaven and earth, of all things visible and invisible.

And in one Lord Jesus Christ, the only Son of God, begotten from the Father before all ages, God from God, Light from Light, true God from true God, begotten, not made; of the same essence as the Father. Through him all things were made.

For us and for our salvation he came down from heaven; he became incarnate by the Holy Spirit and the virgin Mary, and was made human. He was crucified for us under Pontius Pilate; he suffered and was buried. The third day he rose again, according to the Scriptures. He ascended to heaven and is seated at the right hand of the Father. He will come again with glory to judge the living and the dead. His kingdom will never end.

And we believe in the Holy Spirit, the Lord, the giver of life. He proceeds from the Father and the Son, and with the Father and the Son is worshiped and glorified. He spoke through the prophets.

We believe in one holy catholic and apostolic church. We affirm one baptism for the forgiveness of sins. We look forward to the resurrection of the dead, and to life in the world to come. Amen.

*(Nicene Creed adapted as translated from the Greek text as approved by the CRC Synod of 1988.)*

### 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 CHOICES CLINIC to verify their accuracy and to obtain reference information concerning my character and capabilities. I release LCC 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 the 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 CHOICES 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 the employees of LIFE CHOICES CLINIC. 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.

I certify that I have read and that I am in full agreement with LIFE CHOICES CLINIC'S Statement of Faith and Statement of Principle.

Signature \_\_\_\_\_

Date \_\_\_\_\_

LIFE CHOICES CLINIC

## VOLUNTEER REFERENCE REQUEST from your Pastor

Reference for \_\_\_\_\_

The above-named person has submitted an application to volunteer at LIFE CHOICES CLINIC. The applicant has authorized us to conduct a reference check. A volunteer provides support to women facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of his/her life
2. A dependable, responsible attitude; a willingness to give of him/herself to the clients with whom he/she works
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth

We have asked each applicant to supply us with two references—one from his/her pastor and one from a person who knows him/her well. Please answer the questions below and write a short paragraph describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? (e.g., pastor, relative, friend) \_\_\_\_\_

How would you rate the applicant regarding:

	Below average	Average	Above average
Dependability			
Spiritual maturity			
Communication skills			
Cooperation			
Compassion/Mercy			
Submission to authority			
Initiative			

Please briefly describe the applicant and your relationship with him/her:

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Your name (please print)

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Daytime phone number

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Signature

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Date

Please mail or fax this completed form to:

LIFE CHOICES CLINIC  
2020 12<sup>th</sup> Avenue  
Lewiston, ID 83501  
Phone: (208)746-9704  
Fax: (208)798-7409

Thank you.

**LIFE CHOICES CLINIC**

**VOLUNTEER REFERENCE REQUEST from a Spiritual Reference / Group Leader / Bible Study Friend**

Reference for \_\_\_\_\_

The above-named person has submitted an application to volunteer for LIFE CHOICES CLINIC. The applicant has authorized us to conduct a reference check. A volunteer provides support to women facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

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Spiritual maturity			
Communication skills			
Cooperation			
Compassion/Mercy			
Submission to authority			
Initiative			



Please briefly describe the applicant and your relationship with him/her:

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail or fax this completed form to:

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Lewiston, ID 83501  
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Thank you.