

VOLUNTEER APPLICATION

LIFE CHOICES CLINIC

2020 12th Ave.

Lewiston, ID 83501

Name _____ Spouse: _____
Last First Middle Int.

Address _____
Number & Street City State Zip Code

Phone # _____ Cell # _____ Email _____

Birth date _____ Today's date: ____ / ____ / ____

Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

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/Bible/or Vocational School: Circle Number of years completed: 1 2 3 4 5 6 7

School(s) _____

Degrees earned _____ Dates _____

Describe other training or degrees _____

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 _____

Position/Duties _____

Telephone _____ Supervisor's Name _____

Additional Information:

1. Why do you want to volunteer at LIFE CHOICES CLINIC?

2. Do you consider yourself a Christian? ___ Yes ___ No

If yes, how long have you been a Christian? _____

3. As a Christian, what is the basis of your salvation? _____

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

Church name _____

Denomination _____

Address _____

Pastor's name _____

Phone _____

Positions in which you have served _____

5. 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.

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

7. Have you ever counseled a woman who was considering an abortion? ___ Yes ___ No

(Explanation) _____

8. Have you had any traumatic experiences relating to abortion? ___ Yes ___ No

(Explanation) _____

9. Have you ever known a pregnant woman who was single? ___ Yes ___ No

(Explanation) _____

10. 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)

11. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

12. 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___

13. Have you ever been convicted of child abuse or any crime involving sexual molestation of a minor?

___ Yes ___ No (Explanation) _____

14. Were you a victim of abuse or molestation as a child? ___ Yes ___ No (Explanation)

(If you prefer, you may choose not to answer the above question, and instead discuss your response confidentially with the Director).

15. Are you currently or have you ever been involved in seeking to adopt a child? Yes___ No___

(Explanation) _____

16. What do you consider to be your possible areas of weakness? _____

17. Are there any particular personality types with whom you have difficulty working? _____

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*

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.

* Adapted from the National Association of Evangelical's Statement of Faith.

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:

Your name (please print)

Daytime phone number

Signature

Date

Please mail or fax this completed form to:

LIFE CHOICES CLINIC
2020 12th Avenue
Lewiston, ID 83501
Fax: (208)798-7409

Thank you.

LIFE CHOICES CLINIC

VOLUNTEER REFERENCE REQUEST from a 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:

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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Signature

Date

Please mail or fax this completed form to:

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Thank you.