



PREGNANCY CENTER OF MARIANNA

Application Date: _____

VOLUNTEER APPLICATION

Name: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

Phone Number: _____
DAYTIME EVENING CELL

DOB: _____ Email: _____

Have you ever been convicted of a crime? ____ Yes ____ No

EDUCATION/EXPERIENCE

High School: Number of Years Completed (circle one) 1 2 3 4 Diploma: ____ Yes ____ No

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4 5 6 7

Previous Volunteer Experience: List most recent volunteer experiences

Organization _____

Position/Duties _____

Organization _____

Position/Duties _____

Employment History: List most recent employment

Employer _____

Position/Duties _____

Employer _____

Position/Duties _____

ADDITIONAL INFORMATION

1. What is your reason for seeking to volunteer here?
2. How does your spouse/family feel about your desire to volunteer?

3. Do you consider yourself a Christian? ____ Yes ____ No
If so, how long have you been a Christian? _____

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

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

Church Name _____ Denomination _____

Address _____

Pastor's Name _____ Phone # _____

How long have you attended _____?

Positions in which you have served _____

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

7. Do you have a daily devotion time? ____ Explain _____

8. Are you involved in Bible Study? ____ No ____ Yes, what is your current study? _____

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

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

11. Have you or if you are a man, has your partner, ever aborted your child? Yes ____ No ____

12. Have you ever counseled a woman who was considering an abortion? _____
If yes, please explain.

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

_____ Never an option

_____ In cases of rape or incest

_____ In cases of where the mother's life was in extreme peril

_____ In cases of extreme psychological distress

_____ Other (specify) _____

14. Have you ever known a single mother? _____
If yes, what were your feelings about her particular situation?
15. How do you feel about a single woman parenting her baby?
16. How do you feel about a woman placing her baby for adoption?
17. Are you currently or have you even been involved in seeking to adopt a child? _____
18. When do you feel sexual intimacy is morally permissible?

REFERENCES

Please list persons who are not related to you and who have known you for at least two years.

	Name	Address	Phone #	Years	Relationship Acquainted
1.	_____				
2.	_____				
3.	_____				
	(PASTOR)				

VOLUNTEER CHECKLIST

Please indicate the ways in which you would like to be involved in this ministry.

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Coach
<input type="checkbox"/> Ultrasound Nurse
<input type="checkbox"/> Prayer Partner
<input type="checkbox"/> Baby Boutique Room
<input type="checkbox"/> Help with Run Baby Run / Walk for Life
<input type="checkbox"/> Help with Banquet | <input type="checkbox"/> Handyman
<input type="checkbox"/> Prepare Food for Special Events
<input type="checkbox"/> Office Work
<input type="checkbox"/> Giving a Baby Shower
<input type="checkbox"/> Represent the Center at Your Church |
|--|---|

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Pregnancy Center of Marianna to verify their accuracy and to obtain reference information.

Signature _____ **Date** _____

PERSONAL TESTIMONY

On this page please share how you came to know Christ as your Lord and Savior.

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 salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works, e.g., baptism.
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 that those who are true Christians cannot completely or finally fall away from the Lord but shall persevere to the end and be eternally saved.
7. We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation.
8. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Signature

Date

Staff/Volunteer Pledge

We at the Pregnancy Center of Marianna thank you for your desire to share in this ministry as we meet the physical, emotional, and spiritual needs of our clients experiencing crisis pregnancies. Without you as a well-trained staff member, we would not be effective in this outreach.

1. I have read, understand and agree with PCM's Statement of Faith and Statement of Principle.
2. As a staff member who has accepted Jesus Christ as my Savior and Lord, and who is attending a home church consistently and regularly, I believe that I can minister to men and women in crisis pregnancies regardless of race, creed, nationality, age or marital status.
3. I promise to live within Biblical standards of sexual conduct for my marital status. As a single person, I will live an abstinent lifestyle and state that I have been abstinent during the past six months. As a married person, I will not participate in extra-marital sex.
4. If I or my partner has had an abortion and I will have direct contact with clients, I will comply with PCM's requirement to participate in post-abortion counseling.
5. I will serve wherever I am needed at The Center. I will be prayerful, open to the Holy Spirit and looking for opportunities to share the gospel of Christ, whenever possible.
6. **I will keep all information on PCM clients in the strictest confidence, in accordance with PCM policies. I will consistently uphold PCM's policies relating to confidentiality, even after I am no longer a staff member.**

Signature

Date

The Crisis Pregnancy Center Statement of Principle

1. The Pregnancy Center of Marianna (PCM) is an outreach ministry of Jesus Christ through His church. Therefore, PCM, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women and men in crisis pregnancies - both in word and in deed. Commensurate with this purpose, those who labor as PCM board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. PCM is committed to providing clients with accurate and complete information about both prenatal development and abortion.
3. PCM is committed to integrity in dealing with clients, earning their trust and providing promised information and services. PCM denounces any form of deception in its corporate advertising or individual conversations with clients.
4. PCM 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 and their babies' fathers may face the future with hope and plan constructively for their families.
5. PCM does not discriminate in providing services because of race, creed, color national origin, age or marital status of its clients.
6. PCM does not recommend, provide, or refer for abortion or abortifacients.
7. PCM offers assistance free of charge at all times.
8. PCM 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. PCM does not recommend, provide, or refer single women for contraceptives. (A married woman seeking contraceptive information should be urged to seek counsel from her husband and physician).
10. PCM recognizes the validity of adoption as one alternative to abortion but is not biased toward adoption when compared to other life-saving alternatives. PCM is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. PCM receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. An adoption agency will not be established under the auspices of PCM.

(Adopted from the Christian Action Council's Statement of Principles)

Applicant's Signature

Date

