SAV · A · LIFE Pregnancy Resource Center savailifeshelby.org Petham, U.
VOLUNTEER APPLICATION
Date:
Full Legal Name:
Address:
Phone:Email:
Are you over 18 years old? Yes No
Have you ever been convicted of a crime? Yes No
EDUCATION 1. High School - # Years Completed (circle one) 1 2 3 4 Diploma Yes No GED Yes No
School Name:
2. College/Vocational School - # Years Completed (circle one) 1 2 3 4 5 6 7
School(s) Name:
Degree(s) Earned and Date(s):
3. Other Training:
VOLUNTEER EXPERIENCE (please list most recent first)
Organization:ToDates of Service:To
Address:
Position/Duties:
Supervisor Name:Contact Number:
Organization:ToDates of Service:To
Address:
Position/Duties:
Supervisor Name:Contact Number:

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ADDITIONAL INFORMATION 1. What is your reason for seeking to volunteer here?					
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 empower 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 been an advocate for a woman who was considering an abortion? Yes No If yes, please explain:					
8. Have you ever had an abortion: Yes No If yes, when? 9. Have you had any traumatic experiences relating to abortion? Yes No If yes, please explain:					
10. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?					
Never an option.					
In cases of rape or incest. In cases where the mother's life was in extreme peril.					
In cases of extreme psychological distress.					
Other (specify):					

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

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ADDITIONAL INFORMATION continued

12. How would you rate yourself in the following area?			
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 says about abortion $oxdot$ excellent	good	🔄 fair	poor
13. Are you currently, or have ever, been involved in seeking to ado	pt a child? Y	′es No	
If yes, please explain:			
14. Do you believe in chastity outside of marriage and in the sanctity taught in the Bible? Yes No	y of marriage	between a ma	n and a woman as
15. What do you consider to be your possible areas of weakness?	<u>.</u>		

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

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 the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center 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 center 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 the pregnancy center, 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 the pregnancy center, and 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 further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

Date:_____

Signature of Applicant:_____

Printed Name:_____



(Adapted From the National Association of Evangelicals Statement of Faith)

1. We believe in the Holy Bible to be the inspired, 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 a lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that his salvation is received through faith in Jesus Christ as Savior and Lord, and is not a result of good works.

5. We believe in the present ministry of the Holy Spirit, by who's indwelling the Christian, is enabled to live a godly life and to perform good works.

6. We believe in the resurrection of the saved and the lost; they that are saved unto the resurrection of life and they that are lost into the resurrection of damnation.

7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Print Name:_____



1. 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 to women with crisis pregnancies - both in word and in deed. Commensurate with his purpose, those who labor as pregnancy center board members, directors, and volunteers are expected to know Christ as their Savior and Lord.

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

3. The pregnancy center is committed to adopting and enforcing internal procedures to assure that abortion education is performed in a caring and compassionate manner with due respect for the emotional sensibilities of each client. Prior to usage by the center, client materials containing descriptions of depictions of abortion will be reviewed b a qualified medical professional (i.e. nurse, physician) and determined to be medically accurate. Materials with graphic depictions of abortions or its results are not content appropriate when the primary effect of such materials is to shock rather than to educate. When using approved abortion education materials with clients, center personnel will always give specific warnings and obtain written client permission before showing any videos, brochures, or diagrams that contain any visual depiction of abortion or its results. No client will ever be asked, pressured, or coerced to view abortion education materials which she or he has indicated a desire not to see.

4. The pregnancy center is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. The pregnancy center denounces any form of deception in its corporate advertising or individual conversations with its clients.

5. The pregnancy center is committed to assisting women 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.

6. The pregnancy centers does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.

7. The pregnancy center does not recommend, provide, or refer for abortion or abortifacients.

8. The pregnancy center offers assistance free of charge at all times.

9. The pregnancy center is committed to creating awareness within the loyal community of the needs of pregnant women, and of the face that abortion only compounds human need rather than resolving it.

10. The pregnancy center 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/or physician.

11. The pregnancy center recognizes the validity of adoption as an alternative to abortion, but is not biased toward adoption when compared to other life-saving alternatives. Pregnancy centers interacting with independent adoption agencies shall assure that referrals are made in a manner that fully protects the interests of clients and avoids conflicts of interest. Adoption agencies my only be established under the auspices of centers if they meet strict standards to assure that pregnancy clients shall be served without any conflicts of interest.

12. The pregnancy center otherwise upholds all of the principles and requirements set forth in our Commitment of Care.

I understand and am in agreement to the above Guiding Principles, and if at any time there is a change in my beliefs, I will immediately make it known to the Executive Director of Sav-A-Life Shelby, Inc.

Signature of Applicant:______Date:_____Date:_____Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:___Date:____Date:___Date:___Date:____Date:___Date:___Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:___Date:___Date:___Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:__Date:__Date:___Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:_Date:_Date:_Date:__Date:__Date:_Date:_Date:_Date:_Date:_Date:_Date:_Da

Print Name:_____

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The pro-life community that defends the sacredness of human life in front of the abortion clinics are individuals and do not represent an organization. The pro-abortion forces seeks to remove all obstacles to abortion, and to stop the pro-life community from speaking the truth in front of their centers. To accomplish this, the have sought to bring lawsuits against those standing in front of their centers. We must be able to prove that those involved in sidewalk counseling and rescues are not part of the Sav-A-Life Shelby, Inc. organization.

To legally protect the pregnancy center from legal fees and lawsuits, we ask that volunteers at Sav-A-Life Shelby, Inc. refrain from participating in sidewalk counseling and rescues.

God has given Sav-A-Life Shelby, Inc. the responsibility to witness, advocate, and offer a free test to the women of our community. To put the ministry at risk is unwise. For this reason, Sav-A-Life Shelby, Inc. asks every volunteer and staff member to refrain from sidewalk counseling and rescues. To breach this request is to legally compromise Sav-A-Life Shelby, Inc. or as attending in behalf of Sav-A-Life Shelby, Inc.

Pro-life activities such as lobbying, campaigning, marching, standing in life-chains and most other legal activities as not only endorsed, but encouraged as long as the volunteer does not misrepresent himself/herself as a worker or agent of Sav-A-Life Shelby, Inc. or as attending in behalf of Sav-A-Life Shelby, Inc.

I understand this policy and will abide by it.

Cignoture of Applicants	Data
Signature of Applicant:	Date:



SAV-A-LIFE SHELBY, INC. IS CALLED BY GOD FOR THE SHARING OF THE GOSPEL AND THE ASSURANCE OF SALVATION.

Sav-A-Life Shelby, Inc. respectfully asks for all staff and volunteers to adhere to and uphold the Statement of Faith, to which all have agreed.

Sav-A-Life Shelby, Inc. seeks to uphold the basic truths of the scripture without getting into areas which bring division and controversy.

Sav-A-Life Shelby, Inc..asks all staff and volunteers to refrain from teaching doctrines of scripture which are not essential for salvation. Biblical teaching such as submersion versus sprinkling, the gift of tongues, when Christians will be raptured, end times, laying on of hands, healing, casting out of evil spirits, prosperity, infant baptism, or other doctrines which can divide the body of Christ. The call of God upon the ministry is to proclaim the gospel.

God has blessed *Sav-A-Life Shelby, Inc.* with unity. There are many Christian denominations represented within the ministry of *Sav-A-Life Shelby, Inc.* One reason that so man from such varied backgrounds can work together in harmony is that emphasis is placed on the major points of evangelical Protestant beliefs. We also have a determination to stay away from the tenets that divide the body. It is the responsibility of each worker to stay within the boundary provided, thereby honoring one another, so that God's work will go forward.

Unity is vital in one other area: corporate prayer. It is important that prayer with staff and other volunteers be such that II can give their assent and be in agreement. By faith we know the power of agreement in prayer. We respectfully ask that those who have the gift of tongues refrain from using the gift during corporate prayer, so that those who do not have the gift can be in agreement (see 1 Corinthians 14:16 & 17).

I understand and agree by this Policy on Doctrine.

Print Name:_____



Are you willing to make the following commitment to Sav-A-Life Shelby Inc. ?

1. I will attend client advocate training.

2. I will commit to one year of service unless providentially hindered.

3. I will be available for one half day (4 hours) per week.

4. I will be responsible to fulfill scheduled office duty, and I will arrange for a substitute when I am not able to fulfill my schedule duty.

5. I will inform someone in the office, in the event of a substitution for my scheduled duty.

6. To familiarize myself with the Earn While You Learn, I will attend at least one EWYL Class per year.

7. I will make myself available to attend all in-service client advocate training opportunities up to four times per year. ***We highly recommend that you attend all client advocate training opportunities, however <u>you are required to</u> <u>attend at least one training opportunity per year.</u>

8. I will make up any in-service client advocate opportunities when I am absent for unavoidable reasons.

Signature of Applicant:_____Date:_____Date:_____Date:_____

Print Name:_____



As part of our application process, background checks will be required for all new volunteers and/or staff hired after December 1, 2011. These background checks are performed by First Advantage.

The background check will consist of only criminal history and sexual predator listings. We will not check credit history or credit scores. Information gathered from Lexis Nexis will be kept strictly confidential. Only information needed to run the background check will be shared (such as name, address, and date of birth). No other information will be shared at any time with any person.

I, _____ give permission to Sav-A-Life Shelby, Inc. to obtain a (Print name) background check (including only criminal and sexual predator listings) through Lexis Nexis.

Signature of Applicant:_____

Date of Authorization:_____

Social Security Number:_____



VOLUNTEER RELEASE & WAIVER OF LIABILITY

This is a Release and Waiver of Liability (the "Release") executed on this date,

The Volunteer desires to work as a volunteer for the Center and engage in the activities related to being a volunteer. The volunteer understands that the activities may include working in the Center offices, and working at special events.

The volunteer hereby freely, voluntarily, and without duress executes this Release under the terms below:

Release and Waiver

Volunteer does hereby release and forever discharge and hold harmless the Center and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with the Center.

Volunteer understands that this Release discharges the Center from any liability or claim that the Volunteer may have against the Center with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with the Center, whether caused by negligence of the Center or its officers, directors, employees, or agents or otherwise.

The Volunteer understands that the Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance coverage for any Volunteer.

Insurance

The Volunteer understands that the Center does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Other

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama. Volunteer agrees that in the event that any clause or provision of the Release shall be invalid by any court of competent jurisdiction, the validity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By signing below, the Volunteer has read, understood, and executed this Release as of the date first written above.

Signature of Applicant:	Date		
Print Name:	Home Phone	Cell Phone:	
Address:			
Contact in Case of Emergency:		Relationship:	
Phone:			



Please be advised that inquiry may be made which will provide information concerning your character, general reputation, and Christian testimony.

In order to become a Sav-A-Life volunteer, you will need to provide references from at least three people. These are to include your pastor and at least two other individuals who have known you for at least two years and are not relatives or family members.

The information from you pastor should include:

1. The length of membership at the church.

2. Whether your pastor believes you would or would not be an effective volunteer at Sav-A-Life Shelby, ministering to women experiencing unplanned/unwanted pregnancies, and why or why not.

The information from the remaining individual references should include:

- 1. How long they have known you.
- 2. The nature of their relationship with you.

3. Whether they believe you would or would not be an effective volunteer at Sav-A-Life Shelby, ministering to women experiencing unplanned/unwanted pregnancies, and why or why not.

Please have them mail references to:

Sav-A-Life Shelby, Inc. P.O. Box 1359 Pelham, AL 35124 Attention: Clinic Services Coordinator

I have read the above and initial below: