



Dear Friend,

Thank you so much for your interest in volunteering at the Pregnancy Care Clinic. We appreciate your interest very much.

Please find enclosed the following papers:

- *a brochure which describes this ministry
- *Statement of faith/principle for your review
- *Volunteer application form to be completed by you and returned to us
- *Confidential interview form to be completed by you and returned to us
- *A reference form for your pastor to complete and mail to us in the prepared envelope
- *Consent form for a background check

Once we have received all these documents, you will get a call to set up a time to come in and review them and determine when you would be able to begin the self-paced Volunteer Client Advocate training and in what capacity you might be interested in volunteering.

Volunteer client advocates work with a mentor client advocate until their training is complete. You would work the same shift each week, usually 3-4 hours. There are always opportunities to answer the 24-hour helpline at your home, also.

Our client advocates are the backbone of this ministry. They are invaluable, and without them the Clinic could not exist. They take their commitment to the Clinic very seriously and view their time here as a gift to God. We are thankful for them! Please let us know if you have any questions about the forms or about the Clinic in general. Taking the training does not obligate you to working as a volunteer client advocate, should the decision be made that perhaps there is another avenue of ministry that might work better for you.

Thank you and May God bless!

In His Service,

Nancy Wesling,
Executive Director



Desired work location: ___ Salem
___ Centralia

VOLUNTEER APPLICATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone Number (home) _____ (cell) _____

Are you over 21 years old? ___ Yes ___ No Marital Status _____

of children _____ Ages: _____

Email Address: _____ Date of Birth _____

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

EDUCATION

High School: Number of Years Completed (circle one) 1 2 3 4 School Name _____

Diploma ___ Yes ___ No G.E.D. ___ Yes ___ No

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

Degrees Earned _____

Describe any other training or degrees: _____

PREVIOUS VOLUNTEER EXPERIENCE: List most recent volunteer experience first.

Organization _____ Date of Service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

Organization _____ Date of Service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

EMPLOYMENT HISTORY: List most recent employment first.

Employer _____ Date of Employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

Employer _____ Date of Employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

ADDITIONAL INFORMATION

1. Why are you seeking to volunteer with us? _____

2. How much support do you have from your spouse/family? _____

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

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

5. Please provide the following information about your church:

Church name _____ Denomination _____

Pastor's Name _____ Phone Number _____

Address _____

Positions in which you have served _____

6. This organization is a pro-life Faith-based ministry. We strive to demonstrate the love of Christ through the many services we provide surrounding pregnancy and sexual health issues. Please write a brief statement about your faith and how it would apply to the clients you may be serving at the Pregnancy Care Clinic.

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

8. Have you ever counseled a woman who was considering an abortion? _____ Yes _____ No

Explain: _____

9. Have you had any personal experiences related to abortion? _____ Yes _____ No

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)

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

13. How would you rate yourself in the following areas:

A. Knowledge of abortion methods? excellent __ good __ fair __ poor __

B. Knowledge of current laws pertaining to abortion? excellent __ good __ fair __ poor __

C. Knowledge of what the Bible teaches about abortion? excellent __ good __ fair __ poor __

14. Are you currently involved in seeking to adopt a child? _____ Yes _____ No

15. What are your areas of weakness?

16. What are your areas of strength?

17. What, if any, personality types do you have difficulty working with? _____

REFERENCES

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

Name	Address	Phone	Years Acquainted	Relationship
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1. _____

2. _____

Any medial conditions that may warrant concern in volunteering at the PCC? If yes, please explain:

STATEMENT OF PRINCIPLE

1. The Pregnancy Care Clinic is an outreach ministry of Jesus Christ through His church. Therefore, the PCC, 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 this purpose, those who labor as pregnancy care center board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. The PCC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The PCC is committed to integrity in dealing with clients, earning their trust and providing promised info and services. The PCC denounces any form of deception in its corporate advertising or individual conversations with its client.
4. The PCC 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. The PCC does not discriminate in providing services because of race, creed, color, national origin, age or marital status of its clients.
6. The PCC does not recommend, provide, or refer for abortion or abortifacients.
7. The PCC offers assistance free of charge at all times.
8. The PCC is committed to creating an 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. The PCC does not recommend, provide, or refer single women for contraceptives. (Married women seeking contraceptive info should be urged to seek counsel, along with their husbands, from their pastor and physician.)
10. The PCC recognizes the validity of adoption as one alternative to abortion but is not biased toward adoption when compared to the other life-saving alternatives. Clinics are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. PCCs receive no payment of any kind from these agencies, do not enter into contractual relationships with them, and do not share combined office space. Adoption agencies are not established under the auspices of Clinics. PCCs neither initiate nor facilitate independent adoptions, though they may refer for independent adoptions in states where it is legal.

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.)

MISSION STATEMENT

The PCC exists to support and give hope to those experiencing an unplanned pregnancy. Specifically, the PCC will (1) Share the Good News of Jesus Christ; (2) Promote the sanctity of human life through encouraging alternatives to abortion; (3) Educate the community as to a Godly view of sexuality; and (4) Bring healing and wholeness to lives traumatized by abortion.

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 Care Clinic to verify their accuracy and to obtain reference information concerning my character and capabilities. I release The Pregnancy Care Clinic 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. If I become a volunteer at the Pregnancy Care 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 the Pregnancy Care Clinic, yet my commitment will be no less. I am not seeking or expecting to receive any compensation or other benefits in return for any volunteer services that I may provide for this ministry.

STATEMENT AGREEMENT (see statements on the previous page)

Please read the attached Statement of Faith and Statement of Principle and Mission Statement.

1. Do you agree with these two statements? _____ Yes _____ No

Comments: _____

2. Do you have any questions about these documents? _____ Yes _____ No

Comments: _____

Confidentiality: I understand the confidential nature of working with PCC clients and commit to keeping all information concerning clients in confidence. I will only share client's names and case information with the PCC staff or with persons authorized by a release from signed by the client.

Applicant Signature: _____ Date: _____

SEVERAL WAYS TO RETURN THIS APPLICATION:

1. **Download the application as a Word document, type in your information and attach it in an email to: help@pregnancycc.com**
2. **Print out the application, fill it out and bring it to the office at 302 N. Walnut, Salem or 319 E. 7th, Centralia.**
3. **Print out the application, fill it out and send it to: Pregnancy Care Clinic, 302 N. Walnut, Salem, IL 62881 or 319 E. 7th, Centralia, IL 62801**
4. **Fax this application to 618-548-3152**

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION.

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow The Pregnancy Care Clinic to perform a check on my background, including:

- Criminal Record
- Past Employment History
- Personal References
- Past Volunteer Experience

Please list all legal names you have gone by:

1. _____
2. _____
3. _____

Date of Birth: _____

Social Security#: _____

I understand that I do not have to agree to this background check, but that refusal will exclude me from consideration as a Pregnancy Care Clinic volunteer.

This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____



PASTOR REFERENCE FORM

VOLUNTEER CLIENT ADVOCATE

The person below has applied to become a volunteer client advocate for the Pregnancy Care Clinic. A volunteer has direct client contact either on the answering line or as a counselor in the Clinic. The applicant has been asked to supply the Clinic with references and your assistance will be greatly appreciated.

Some of the qualities sought in a volunteer counselor 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 Clinic's policies and procedures and to those in leadership
4. steadfastness, faithfulness, and the possession of an unshakable confidence in the word of God, with an ability to communicate its truth
5. uncompromised commitment to the sanctity of all human life

Reference for: _____ Your Name: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

How would you rate the applicant regarding the following: 5=excellent 4=good 3=satisfactory 2=fair 1=poor

dependability _____ compassion/mercy _____ spiritual maturity _____

cooperative _____ communication skill _____

Please write a short paragraph describing the applicant in relation to the description of a volunteer counselor above.

Please mail the completed form to the PCC at 302 N. Walnut, Salem IL 62881 or 319 E. 7th Street, Centralia, IL 62801
Or fax to 618-548-3152 or email: help@pregnancycc.com