

Options Pregnancy Center Volunteer Application

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Number & street City State Zip code

Phone #: _____ Email Address: _____

Hours of Availability: ___ Mondays 11:00 am – 5:00 pm ___ Tuesdays 11:00 am – 5:00 pm
___ Wednesdays 1:00 pm – 6:00 pm ___ Other: _____

**Because developing relationships with clients is so important, volunteers who work with clients should be available to volunteer weekly at the same time, for several hours at a stretch.*

**Volunteers who will come into contact with clients are required to complete a training that will take approximately 20 hours and agree to a criminal background check.*

Are you over 18 years old: _____ Yes _____ No

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

If yes, please explain: _____

Education

1. High School:

Number of years complete (circle one) 1 2 3 4 Diploma: ___ Yes ___ No GED: ___ Yes ___ No

School Name: _____

2. College and/or Vocational School:

Number of years completed (circle one) 1 2 3 4 5 6 7+

School Name(s): _____

Degree(s) Earned: _____ (Date): _____

Describe other training or degrees: _____

Previous Volunteer Experience (list most recent first)

Organization: _____

Date of volunteer service: From: _____ to _____

Address: _____
Number & street City State Zip code

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

Organization: _____

Date of volunteer service: From: _____ to _____

Address: _____
Number & street City State Zip code

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

List any additional volunteer experience on a separate sheet.

Employment History (list current/most recent first)

Employer: _____ Date of employment: From: _____ to _____

Address: _____
 Number & street City State Zip code

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

Employer: _____ Date of employment: From: _____ to _____

Address: _____
 Number & street City State Zip code

Telephone: _____ Supervisor Name: _____

Position/Duties: _____

List additional employment history on a separate sheet.

Additional Information

What is your reason for seeking to volunteer here? _____

Are you currently or have you ever been involved in seeking to adopt a child? ____ Yes ____ No

If yes, please explain: _____

Do you consider yourself a Christian? ____ Yes ____ No

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

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

Please provide the following information concerning your local church.

Church Name: _____ Denomination: _____

Address: _____
 Number & street City State Zip code

Pastor's name: _____ Phone number: _____

Positions in which you've served: _____

Options Pregnancy Center 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.

Have you ever walked through a pregnancy decision with a woman or man who was considering abortion?

_____ Yes _____ No

If yes, please share what counsel/encouragement you gave her: _____

Have you had or witnessed any traumatic experiences relating to abortion? _____ Yes _____ No

If yes, please explain how this shaped your perspective: _____

Has unplanned or nonmarital pregnancy impacted people you know? _____ Yes _____ No

If yes, please share what impact this has had on you: _____

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 (please explain): _____

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

Self-Assessment

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 |

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

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

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

References

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

1. Name: _____

Address: _____

Phone #: _____

Years Acquainted: _____

Relationship: _____

2. Name: _____

Address: _____

Phone #: _____

Years Acquainted: _____

Relationship: _____

3. Name: _____

Address: _____

Phone #: _____

Years Acquainted: _____

Relationship: _____

4. Name: _____

Address: _____

Phone #: _____

Years Acquainted: _____

Relationship: _____

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 Options 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 am aware that building client/coach relationships is vital to this ministry, so volunteers that will interact with clients should be available to volunteer weekly at the same time, for several hours at a stretch.

I am aware that volunteers that will interact with clients in any way are required to complete a training that is approximately 20 hours long, over several different sessions.

I am aware that Options Pregnancy Center's main hours of operation are Monday and Tuesday from 11:00 a.m. to 5:00 p.m. and Wednesday from 1:00 p.m. to 6:00 p.m. and most of the volunteer opportunities will be during those hours.

I further certify that I have read and that I am in full agreement with Options Pregnancy Center's Statement of Faith and Core Values.

Signature of Applicant: _____ Date: _____

Once complete, please remit by:

Drop Off

Options Pregnancy Center
2035 10th Street
Gering, NE 69341

Use alley entrance at back of building

Mail

Options Pregnancy Center
RE: Volunteer Application
2035 10th Street
Gering, NE 69341

Mission Statement

Options Pregnancy Center of Western Nebraska is a faith-based, nonprofit organization that exists to equip women and families facing unplanned pregnancy with comprehensive Christ-centered support and to empower families to choose abundant life for their babies and themselves.

Core Values

Sanctity of Human Life: We value all human life, from conception to adulthood, with a specific charge to protect the unborn. We do not offer, recommend, or refer for any form of abortion services. We are dedicated to restoring hope for each person connected with unplanned pregnancy: mother, father, and child.

Biblical Foundation: We believe the Bible is the true and flawless Word of God. We are committed to providing counseling and encouragement based on the authority of the Scriptures.

Unconditional Love: We believe that Jesus Christ is the Son of God and the perfect embodiment of God's love. We are devoted to imitating Christ as we provide practical, spiritual, and emotional support to all who come to us for services.

Integrity: We value honesty and accuracy in both our interactions with our clients and our relationships within the community. We will guard patient confidentiality except when required by law to disclose information to protect against harm.

Education: We know that education is essential in making informed decisions about pregnancy, parenting, and adoption. We are committed to providing practical information that helps our clients plan constructively for the future, both for themselves and their babies.

Community Support Network: We value networking with established community-based agencies and local churches to provide long-term support well beyond pregnancy for women and families. We will make every effort to connect our clients with communities of faith where they can receive tangible and relational support for years to come, should they so desire.

Options Pregnancy Center Statement of Faith

1. We believe the Bible to be the inspired, 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 future 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; 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 Evangelicals' statement of faith.

I agree with the above statement of faith. _____

Date: _____