



Office use only	
INTERVIEW SCHEDULED _____	Completed _____
TRAINING SCHEDULED _____	Completed _____

VOLUNTEER APPLICATION FORM

TODAY'S DATE

Last Name		First Name		Middle Name	
Street Address					
City		State		Zip	
Home Phone ()		Cell Phone ()		E-mail address	
Date of Birth (month/date/year)		Social Security Number		Marital Status (Please Circle) Married Single Divorced Widowed Separated	
Spouse's (Name (If married))		Children's Names and Ages			
		Name _____		Age _____	
		Name _____		Age _____	
		Name _____		Age _____	
		Name _____		Age _____	
I am (Circle) Employed Unemployed Retired Student					
Employer's Name or School			Occupation		
My employer offer a time off program for volunteers (Circle) YES NO			My employer offer a donation matching program (Circle) YES NO		
Is anyone else at this address a volunteer here? (Circle) YES NO					
Have you ever volunteered with us before? (Circle) YES NO If yes when?					
High School Attended			College Attended		
If graduated, what year?			If graduated, what year? Major		
Reason you would like to become a volunteer?			How did you find out about our volunteer program?		

Special Qualifications (Advanced degree counseling, experience, fields of work etc If yes, please explain						
Personal Spiritual Gifts						
Previous Volunteer Experience (Please list all previous volunteer work)						
Medical Information Do you have any medical conditions that would affect your ability to perform your volunteer duties, or our office should be aware of? If Yes, please explain.						
Are you a Christian? What is your definition of a Christian?						
Church you attend?						
Are you willing to share your personal faith in Jesus Christ?						
Are you willing to attend the Cleburne Pregnancy Center’s training sessions and volunteer meetings?						
Availability: Please check the items you are available for a volunteer assignment						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Mornings</td> <td style="width: 25%; padding: 2px;">Afternoons</td> <td style="width: 25%; padding: 2px;">Evenings</td> <td style="width: 25%; padding: 2px;">Weekends</td> </tr> </table>	Mornings	Afternoons	Evenings	Weekends		
Mornings	Afternoons	Evenings	Weekends			
Emergency Contact In the event of an emergency please notify:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Name</td> <td style="width: 33%; padding: 2px;">Relationship</td> <td style="width: 33%; padding: 2px;">Phone Number</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Name	Relationship	Phone Number			
Name	Relationship	Phone Number				
Have you ever been convicted of any crime?						
I understand that I will need a referral letter from my pastor or other spiritual leader of my church and a personal referral.						

<p>I authorize the Cleburne Pregnancy Center, at the time of my application to obtain a background check and information as to my experience and character as it relates to the position for which I am being considered, or in which I will be volunteering. I certify that my statements in the application are true, complete and accurate to the best of my knowledge and belief.</p> <p>Signature: _____ Date _____</p>

VOLUNTEER JOB DESCRIPTION

Objective of position:

To reach out to women and men in a crisis pregnancy with the mercy and compassion of Jesus Christ by offering practical assistance in both word and action.

Reports to:

Cleburne Pregnancy Center Client Services Coordinator

(Fundraising volunteers report to Development Director)

Qualifications:

- 1) A commitment to Jesus Christ
- 2) Faithful attendance in a local church
- 3) Full agreement with the CPC Statement of Faith and Statement of Principal
- 4) Dependable, stable, and capable of following through on commitment
- 5) A sincere desire to reach out with the Love of Jesus Christ to people in distress
- 6) A basic understanding of human nature
- 7) An ability to recognize extra-bible values and not to allow them to become a barrier to relating to a client
- 8) The ability to adjust to a client's pace of progress and growth
- 9) Knowledge of scripture, especially pertaining to the sanctity of life
- 10) Ability to respect confidentially
- 11) Completion of the CPC volunteer training
- 12) Willingness to attend volunteer meetings

Training and Supervision- the CPC will provide the following:

1. Volunteer on the job orientation and training
2. Volunteer meetings which provide the opportunity to
 - Pray with other volunteers
 - Fellowship with other volunteers
 - Receive new information to increase expertise as a volunteer
 - Give input
1. Consultation with the Client Service Coordinator or Executive Director concerning hard cases
2. Consultation with the Client Services Coordinator at least 3 times during the commitment period to discuss job performance
3. Prayer support from the CPC prayer warriors, director, staff and board
4. Materials and supplies appropriate for use with each client
5. Resources for further education, books and DVD's.

Time Commitment:

1. A commitment of **ONE YEAR** during which a volunteer evaluation will take place at three months, six months and 12 months.
2. Volunteer Staff Meeting: Attend volunteer meetings.
3. Volunteer Commitment: four hours per week. Some variations on time may be negotiated with the Director.

Responsibilities:

1. To pray before each shift to allow the Holy Spirit to be in control. **“Not by might, nor by power, but by my Spirit, says the Lord.”**
2. To provide crisis intervention for each client in an atmosphere of warmth and compassion through listening, and other helping skills.
3. To provide accurate information regarding abortion.
4. To provide information on parenting and adoption.
5. To follow all policies and procedures regarding volunteering and office follow through.
6. To offer appropriate information about a client’s situation and material resources and referrals.
7. To look for teachable moments with a client in order to share the love of Jesus and His plan for salvation.
8. To follow up clients appropriately according to the policies and guidelines of the center.

Paperwork:

1. To read and follow all office procedures.
2. To keep up-to-date on statistics and information regarding pregnancy, abortion and adoption through in-service, magazines, books and newspaper articles.
3. To keep current on the information in the CPC referral notebooks.

Cleburne Pregnancy Center

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

NAME: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Are you 18 years of age or older? Circle One: **YES** **NO**

If under 18, parent or guardian must sign below:

Description of volunteer services to be performed: _____

Emergency contact: _____ Phone: _____

Waiver: Please read the following waiver and sign below:

- I understand my involvement in activities with the Cleburne Pregnancy Center and its partners agencies is voluntary and I will receive no compensation for the work I perform.
- I understand that volunteering may involve performing work that may be repetitive, or require lifting, sitting, stooping and/or stretching.
- In connection with my (or my child's) voluntary involvement in activities undertaken for and with the participation and support of the Cleburne Pregnancy Center a non-profit charitable organization. I hereby agree for myself, my heirs, assigns, executors and administrators to release and discharge the Cleburne Pregnancy Center, its officers, and directors, employees, agents all partner agencies, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities.
- I agree to release and hold the Cleburne Pregnancy Center, it's officers, and directors, employees, agents all partner agencies, and volunteers harmless from any cause or action, claim or suit arising there from.
- I understand that the Cleburne Pregnancy Center does not carry or maintain and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for me (or my child)
- I hereby release and forever discharge the Cleburne Pregnancy Center from any claim whatsoever which arises or any hereafter arise on account of my first aid treatment or other medical services rendered in connection with any emergency during my (or my Childs) tenure's as a volunteer with the Cleburne Pregnancy Center. .

- I hereby attest that my (or my Childs) photograph for the publicity and public relations purposes of the Cleburne Pregnancy Center, and its partner agencies.
- I hereby confirm, represent and warrant that I have never been convicted or charged with a violent crime, child abuse, or neglect, child pornography, child abduction, kidnapping, rape or any sexual offenses, nor have I been ordered by the court to receive psychiatric or psychological treatment in connect therewith

By signing below, I express mu understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily:

_____	_____
Volunteer Signature	Date
_____	_____
Volunteer's Name Printed	
_____	_____
CPC Representative signature	Date

IF YOU ARE NOT 18 YEARS OF AGE OR OLDER, YOUR PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING STATEMENT AND SIGN IT:

I have read the Volunteer Release and Waiver and confirm that:

_____ (Name) has my permission to participate as a volunteer at the Cleburne Pregnancy Center

_____	_____
Parent/Guardian signature	Date

Parent/Guardian Name Printed	
_____	_____
CPC Representative signature	Date

Cleburne Pregnancy Center

STATEMENT OF COMMITMENT

I believe I am called by God and convicted by Scripture to minister with compassion to women and men facing unplanned pregnancies.

I desire to be His light in darkness by speaking the truth in love.

I have read, and agree with CPC statement of Faith and the CPC Statement of Principle.

Therefore, I am committing to the ministry of the Cleburne Pregnancy Center in the following volunteer capacity's):

- _____ Client Advocate
- _____ Clerical/Secretarial Duties
- _____ Pre-Natal, Parenting, or Bible Study Leader
- _____ Ultrasound Client Advocate
- _____ Nurse
- _____ Fundraising Team
- _____ Speaking Team
- _____ Other/ I am not sure where God is leading me.

I hereby pledge that as a volunteer I will:

1. Attend all volunteer meetings required by the CPC. (If unable to attend, I agree to make arrangement with the Director as soon as possible to go over information.)
2. Commit to at least 6 months to serve, which means being consistently present on assigned shift.
3. Dress professionally at all times when volunteering at the center.
4. Only represent the CPC while working at the Center, unless specific permission has been given otherwise to represent the Center in a formal setting.
5. Pray regularly for my part in the ministry and for the ministry as a whole.
6. Fellowship with other believers for encouragement and edification (this means being a part of a local Christian church.)

Signature: _____

Date: _____

VOLUNTEER REFERENCE FORM (to be completed by A Christian Mentor or Leader)

Reference for: _____ Date: _____

Your Name: _____ Title: _____

Relationship to candidate: _____ How long have you know the candidate? _____

The person above has applied for a volunteer position here at the Cleburne Pregnancy Center. This individual will have direct client contact through direct or indirect service provision.

The candidate has been asked to supply the center with a personal reference and has chosen you for a referral. Your assistance is greatly appreciated and your comments will be kept confidential. If you do not feel you can recommend the candidate for this ministry and are uncomfortable completing the form, please call me at 817-641-7741 or email me at director@cleburnepc.com.

Some of the qualifications sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Lord and Savior.
2. Dependability, responsibility, confidentiality and willingness to give of themselves.
3. Submission to the Center’s policies and procedures, and also to those in leadership.
4. Steadfastness, faithfulness, and possession of unshakable confidence in the Word of God with and ability to communicate it’s truth.
5. Uncompromising commitment to the sanctity of human life and sex only within marriage relationship.
6. A teachable spirit as well as servant’s heart.

Please answer the questions on the following page and write a short paragraph describing the applicant in relationship to the description above. Thank you for your help.

Sincerely,

Corliss Carr
Executive Director

How would you rate the applicant regarding the following?

5-Excellent

4 - Good

3- Satisfactory

2- Fair

1- Poor

_____ Dependability

_____ Spiritual Maturity

_____ Communication Skills

_____ Submission to Authority

_____ Compassion/Mercy

_____ Working with others

_____ Initiative

_____ Willingness to take instruction

Below, please write a paragraph describing the applicant in relationship to our description of the qualifications of a volunteer (first page). Continue on separate paper if you need additional space.