



## Thank you for your interest in volunteering at Choices Pregnancy Services!

Because the needs of our organization and clients change rapidly, we are seeking volunteers who are flexible and willing to serve in whatever way is needed at the time. To help you understand our general needs, please review the list below. After we receive your application, we will meet in person to discuss your interest and where God may be calling you to serve!

### Client Services Volunteer:

\*requires weekly commitment, training will be provided (\$50 fee for materials), a 1 year commitment is requested

- Female Client Advocate: provide prenatal education/healthy pregnancy/mentoring to birth-mom's throughout pregnancy, educate on sexual health, sexual risk avoidance, and decision making support (may eventually meet with clients for pregnancy test or STI intakes)
- Male Client Advocate: provide counsel and support to men initially facing pregnancy decision and as they prepare for fatherhood; educate on sexual health, sexual risk reduction and do STD intakes
- Nurse Advocate (RN): provide STD testing and treatment, abortion and STD education

### Support Volunteer:

\*non-client related service, training will be provided, periodic service or regular commitment

- Educational Outreach Volunteer: REAL CHOICES speaking team, represent Choices at events, churches, etc.
- Special Events Volunteer: assist with planning our annual benefit banquet, walk for life, baby bottle campaign, trap shoot, etc.
- Clerical Support: assist with various office tasks, data entry, and mailing projects
- Advertising Support: assist with website and/or public relations, post flyers advertising our services in the local community, on college campuses, etc.
- Technical Support: assist on an as needed basis with office computers, network, internet support, etc.
- Church Ambassador: serve as a link between Choices and your church congregation
- Meal Committee: provide meals or snack for events, volunteer groups, training sessions
- Maintenance Committee: provide help with periodic maintenance and building needs, landscaping issues, etc.
- Prayer Support: receive periodic prayer updates and commit to praying for the ministry weekly
- Seasonal Help: snow shoveling in Winter, lawn care in Spring/Summer/Fall
- Janitorial/Cleaning Services: Beaver Valley location, as needed

# Choices Pregnancy Services Volunteer Application

(Confidential)

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Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_  
E-mail address \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

## **Short Answers:**

How did you become interested in volunteering at Choices?

Please share your motivation(s) in desiring to volunteer with Choices.

Please share briefly your conversion experience to saving faith in Jesus Christ.

Are you a member of a local church? Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Describe recent areas of growth in your day-to-day Christian life. (Ex. what fruits of the Spirit are evident in your life as a result of conversion to saving faith in Christ?)

What are your strengths and weaknesses?

What do you enjoy doing in your free time?

What prior work and volunteer experience do you have?

What are your beliefs about abortion? adoption? single parenting?

When do you feel sexual activity is permissible?

What are your feelings on birth control?

What days/times/locations are you available to serve?

How long can you commit to being a volunteer?

**Please complete the following: (yes or no)**

	Yes	No
Have you had any personal, traumatic experiences related to abortion?		
Have you have ever been convicted of a crime?		
Were you a victim of abuse or molestation as a child?		
Have you or are you currently receiving psychiatric care?		

Are you currently seeking to adopt a child?		
I agree to a background check (paid for by Choices Pregnancy Services) and will complete the attached form.		
I agree with the enclosed statement of faith and statement of principle.		
I have read and understand the volunteer qualifications and will ask questions if anything is unclear to me.		
I have signed the enclosed confidentiality statement, adoption policy, and sexual purity policy.		

After reading these statements, please respond in the space provided with the following: (1) Are these beliefs consistent with your own beliefs? (2) Which, if any of these beliefs do you remain unsure about? Why so?

**References:** Please list the name of your Pastor and the names and addresses of two other people that you plan to contact for references (please choose someone other than a relative). **Please mail them a Volunteer Reference form and ask each of them to return the form directly to us by mail in order to protect confidentiality.**

	NAME	ADDRESS	CITY/ST/ZIP	PHONE #
1.	_____			
2.	_____			
3.	_____			

**CHOICES VOLUNTEER RELEASE AND WAIVER OF LIABILITY**

PLEASE READ CAREFULLY: I, the volunteer, hereby freely and voluntarily, without duress, execute this release under the following terms: *Waiver and Release.* I hereby release and forever discharge and hold harmless Choices Pregnancy Services and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation. I understand and acknowledge that this Release discharges Choices Pregnancy Services from any liability or claim that I may have against Choices Pregnancy Services with respect to any bodily or other injury, illness, death or property damage that may result from my participation as a volunteer. I also understand that Choices Pregnancy Services does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness death, or property damage. *Insurance.* I understand that except as otherwise agreed in writing, Choices Pregnancy Services does not carry or maintain health, medical, disability, damage, liability, or other insurance coverage for the benefit of any volunteer and expressly disclaims the responsibility or obligation to do so. As a volunteer, I am expected and encouraged by Choices Pregnancy Services to maintain medical, health, and all other applicable insurance coverage for my own benefit. *Medical Treatment.* I hereby release and forever discharge Choices Pregnancy Services from any and all claims, demands and causes of action whatsoever that may arise or may hereafter arise on account of any first aid or other medical treatment rendered in connection with volunteer activities. *Assumption of Risk.* I understand that my participation with Choices Pregnancy Services and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Choices Pregnancy Services may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Choices Pregnancy Services from all liability for injury, illness, death and/or property damage that may result. *Photographic Release.* I release Choices Pregnancy Services to use photos, video, and audio of myself in promotional materials that support Choices Pregnancy Services & its programs as well as any media coverage that may occur. I release Choices Pregnancy Services from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment or fundraising program. *Other.* I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed and interpreted in accordance with the laws of Pennsylvania. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. This Release is entered in to voluntarily and knowingly on \_\_\_\_\_. [Date]

Volunteer Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF FAITH

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1. We believe the Bible to be the inspired, authoritative and only infallible 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 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.

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## STATEMENT OF PRINCIPLE

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1. Choices Pregnancy Services (CPS) 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 - in word and in deed, to women experiencing crisis pregnancies. Commensurate with this purpose, those who labor as pregnancy center board members, directors, employees and volunteers are expected to know Christ as their Savior and Lord.
2. CPS is committed to providing clients with accurate and complete information about both prenatal development and abortion.
3. CPS is committed to integrity in dealing with clients, earning their trust and providing promised information and services. CPS denounces any form of deception in its corporate advertising or individual conversations with clients.
4. CPS is committed to assisting women to carry their babies 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. CPS does not discriminate in providing services because of race, creed, color, national origin, age or marital status of its clients.
6. CPS does not recommend, provide, or refer for abortion or abortifacients.
7. CPS offers assistance free of charge at all times.
8. CPS 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. CPS 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 or physician.)
10. CPS recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to other life-saving alternatives. CPS is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. CPS receives 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 CPS. CPS neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

## VOLUNTEER QUALIFICATIONS

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1. Be a committed Christian who demonstrates a personal relationship with Jesus Christ as Savior and Lord.
  2. Exhibit strong commitment and dedication to the sanctity of all human life.
  3. Faithfully attend church and be in fellowship with other believers.
  4. Fully agree with CPS Statement of Faith, Statement of Principle and Mission Statement.
  5. Be able to respect and keep information confidential.
  6. Be dependable, stable, and capable of following through on commitments.
  7. Have a sincere desire to reach out with the love of Jesus to people in distress.
  8. Be willing to attend and complete the necessary interview and training for particular responsibility.
  9. Be willing to take ownership and responsibility for this ministry as an extension of our local church body.
  10. Be willing to allow your life to be transformed as you serve Him in your call.
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## CHOICES ADOPTION POLICY

Choices ministry is to serve the needs and interests of clients. Choices avoids situations in which the interests of employees, volunteers, or others from whom they act conflict with the interests of clients. Therefore, Choices strictly prohibits employees and volunteers from taking any steps on their own behalf or on the behalf of others to pursue the adoption of any client's child. This prohibition also applies to any steps that may be taken to pursue adoptions from clients of other Care-Net affiliated pregnancy centers. Any such conduct will constitute grounds for immediate termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHOICES ABSTINENCE/SEXUAL PURITY POLICY

In regard to sexual activity and relationships, the philosophy of Choices is that sexual abstinence until and within marriage is the only 100% effective means of preventing unwanted sexually related outcomes. Therefore, this philosophy is implemented on all levels of pregnancy center operations including client counsel, school presentations, and the expected lifestyle of all volunteers and staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONFIDENTIALITY STATEMENT

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As a volunteer, I hold in high esteem the right of our clients to have their privacy protected. Any information shared by them or by the staff will be kept in strict confidence. I will guard against any conversation that would violate confidentiality by being very discreet about what I discuss both within and outside the ministry. I will share with the staff any sensitive information and will do so with concern for the welfare of the organization and the clients. I am aware that certain information pertaining to internal matters should be maintained confidential.

By signing this document, I am agreeing to keep confidential all information about our clients. I will:

- Prepare records carefully, being accurate and professional.
- Physically safeguard records and other confidential materials by guarding them carefully while in use, and keeping them locked when not in use.
- Release confidential information from client records only with the express written permission of the client.
- Guard against informal violations of confidentiality by being very discreet about what I discuss both within and outside the organization.
- Only seek access to the records with which I am personally involved.
- Continue to observe the procedures protecting confidentiality after termination of my employment.

Infractions of the above agreements are defined as being of two types:

- **Type 1:** Intentional and serious---This is when a volunteer knowingly and deliberately commits a breach of client confidentiality. The commitment of a Type 1 infraction will result in a discussion of the infraction between the volunteer and immediate supervisor and a written reprimand entered into the volunteer's personal record. A serious infraction could be considered grounds for dismissal.
- **Type 2:** Unintentional and moderate---This is when by carelessness, forgetfulness, or poor judgment a volunteer places in jeopardy the confidential records or information regarding the client. The commitment of a Type 2 infraction will be discussed with the volunteer by the immediate supervisor and noted in writing in the volunteer's personal file. Repeated commitment of a Type 2 infraction could be considered grounds for dismissal.

*I am familiar with the Confidentiality Policy Statement and agree to adhere to the guidelines set forth in this document. In addition, I am aware that certain information pertaining to internal matters of the agency should be maintained confidentially. Sharing about agency policies, newsworthy issues, and other sensitive information should be done with concern for the welfare of the organization.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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