



APPLICATION FOR VOLUNTEERING

(Please complete all portions of this application.)

Name: Last: _____ First: _____ Middle: _____

Birth date: _____ Cell: _____ Best time to contact _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Possible start date: _____

Preferred Day(s)

Morning Shifts

Afternoon Shifts

<input type="checkbox"/> Monday	<input type="checkbox"/> Mon (9:00 AM–1:00 PM)	<input type="checkbox"/> Mon (1:00 PM–5:00 PM)
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tues (9:00 AM–1:00 PM)	<input type="checkbox"/> Tues (1:00 PM–5:00 PM)
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wed (8:00 AM–12:00 PM)	<input type="checkbox"/> Wed (12:00 PM–4:00 PM)
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thurs (8:00 AM–12:00 PM)	<input type="checkbox"/> Thurs (10:00 AM–2:00 PM)

Have you previously worked or applied at a pregnancy help center? _____ Yes _____ No

If yes, please provide the name of the center and dates. _____

Have you ever done volunteer work before? _____ Yes _____ No

If yes, please provide the name of the organization and dates _____

How were you introduced to Haven Health? _____

Marital Status: Single _____ Married _____ Engaged _____ Separated _____ Divorced _____ Widowed _____

Spouse's Name: _____ Spouse's Occupation: _____

EDUCATION

High School Attended _____ Graduate? yes _____ no _____

College Attended _____ Degree _____

Graduate School _____ Degree _____

Business/Technical Diploma/Certificate _____

Other _____

Special Qualifications: (Counseling experience, advanced degree, etc.) _____

EMPLOYMENT/VOLUNTEER RECORD

If applicable, list your most recent former employer during the previous two years

From: Month/Year _____ / _____ To: Month/Year _____ / _____

Name of Organization: _____

Address of Organization: _____

Position Held: _____

Name of Immediate Supervisor: _____ Phone Number: _____

PERSONAL REFERENCES

Please list two individuals (not related to you) who have knowledge of your personal abilities and character.

Name: _____

Email: _____

Phone Number: _____ Nature of Relationship: _____

Name: _____

Email: _____

Phone Number: _____ Nature of Relationship: _____

CHURCH REFERENCE

Pastor's Name: _____ Church Name: _____

How long have you attended? _____

How are you involved at your church? _____

CHRISTIAN COMMITMENT

Because Haven Health is an interdenominational Christian organization, would you be willing to work and cooperate with other Christians whose doctrines may differ from your own? Yes No

Have you trusted Jesus Christ as your Lord and Savior? Yes No When? _____

PERSONAL:

How does your family/spouse feel about this kind of work? _____

What do you feel are your strengths? _____

Why would you like to be a Haven Health volunteer? _____

Have you ever had the opportunity to counsel a woman experiencing an unplanned pregnancy?

_____ Yes _____ No If yes, please explain.

Have you personally experienced an unplanned pregnancy? _____ Yes _____ No

If yes, please explain.

What are your views on abortion?

Are there any exceptions?

How do you feel about adoption as an alternative to a woman with an unwanted pregnancy?

How do you feel about an unwed mother keeping her baby?



STATEMENTS OF PRINCIPLE

1. Haven Health is an outreach ministry of Jesus Christ through His church. Therefore, Haven Health Clinic, 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 Haven Health board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. Haven Health is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. Haven Health is committed to integrity in dealing with clients, earning their trust and providing promised information and services. Haven Health denounces any form of deception in its corporate advertising or individual conversations with its clients.
4. Haven Health 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. Haven Health does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.
6. Haven Health does not recommend, provide, or refer for abortion or abortifacients.
7. Haven Health 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 resolve it.
8. Haven Health does not recommend, provide, or refer women for contraceptives.
9. Haven Health recognizes the validity of adoption as one alternative to abortion, but it is not biased toward adoption when compared to the other life-saving alternatives. Pregnancy Medical Clinics (PMCs) are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. PMCs receive no payment of any kinds 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. PMCs neither initiate nor facilitate independent adoptions, though they may refer for independent adoptions in states where it is legal.

I have read, understand and agree with Haven Health's Statements of Principle and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and the Executive Director of Haven Health.

Volunteer signature

Date

Printed name



STATEMENTS OF FAITH

1. We believe in the verbal inspiration and authority of the Scriptures. We believe that the Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose in the ages.
2. We believe in God the Father, God the Son, and God the Holy Spirit.
3. We believe in the deity, virgin birth, and bodily resurrection of Jesus Christ.
4. We believe that salvation is "by grace" plus nothing and minus nothing. The conditions to salvation are repentance and faith.
5. We believe that men/women are justified by faith alone and are accounted righteous before God only through the merit of our Lord and Savior Jesus Christ.
6. We believe that those who are saved will experience eternal joy and blessings, while those who are lost will face eternal punishment.

I have read, understand and agree with Haven Health's Statements of Faith and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and the Executive Director of Haven Health Clinic of Rome, Inc.

Volunteer signature

Date

Printed name



VOLUNTEER AGREEMENT

Recognizing that Haven Health Clinic of Rome, Inc. is an evangelical ministry, I affirm my personal faith in Jesus Christ as my Lord and Savior. I believe that the transforming work of the Holy Spirit in my life is reflected in a lifestyle that seeks to be holy and pleasing to the Lord. I have read Haven Health's Statement of Faith and fully affirm and support each of its statements.

I believe in the sanctity of human life as taught in Scripture and therefore do not consider abortion to be an acceptable option for any woman facing a crisis pregnancy. I will not participate in any action that results in the intentional destruction of innocent human life.

I accept the responsibility to serve as an advocate for the women entrusted to my care by providing accurate information, compassionate support, and appropriate spiritual guidance. I will maintain the strictest confidentiality regarding all client information obtained through my service at Haven Health Clinic and will continue to honor that confidentiality even after my volunteer service concludes.

I have read, understand, and agree with Haven Health Clinic's Statements of Principle and commit to upholding them, along with all policies and procedures established by the Board of Directors and the Executive Director.

Volunteer Signature

Date

Printed name



PASTOR RECOMMENDATION

Please have your pastor fill out this form and return it to the clinic via mail, email, or drop-off.

Dear Pastor,

_____ has contacted Haven Health Clinic with an interest in volunteering. This volunteer work may involve counseling with women in unexpected pregnancy situations and educating women in prenatal and parenting classes. Realizing the gravity of the work, and recognizing your leadership as her pastor, we ask you to prayerfully consider the things listed below and check the qualities you see in her life. Also, if you can give her your unreserved endorsement and support in working as a Haven Health Volunteer, please sign and return this form to Haven Health. Our policy requires this form to be completed before further training is initiated.

We look forward to continue working with our sister churches to strengthen families. Should you have questions, please do not hesitate to call us. Thank you for your involvement in this application process.

Sincerely in Christ,

Jennifer Norton
Executive Director
Haven Health Clinic of Rome, Inc.
jnorton@havenclinic.org

(PLEASE CHECK EACH COMMENT THAT IS TRUE)

By the fruit of the Spirit in _____ life, I can see:

_____ She has had a genuine salvation experience.

_____ She is a regular church attender.

_____ She is capable of exemplifying the character of Christ to others.

_____ She is capable of sharing the truth of God's word to others.

Comments _____

Pastor's Signature _____

Date _____

Church _____

Phone _____