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| --- | --- |
| Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Administration |
| Events |
| Fundraising |
| Deliveries |
| Phone work |
| Newsletter production |
| Volunteer coordination  \_\_\_ Work with Patients |
| **Motivation** |
| What motivates you in your desire to volunteer your services with First Option Care? |
|  |
| How does your spouse/family feel about your desire to volunteer? |
|  |
| Do you consider yourself a Christian? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No  If so, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long have you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Positions in which you have served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This organization is a pro-life ministry. We believe that our faith in Jesus Christ  empowers us, enables us and motivates us to provide crisis pregnancy services in this  community. Please write a brief statement about how your faith would affect your  volunteer work at this center. |
| Do you have a daily devotion time? \_\_\_\_\_\_\_\_\_\_\_\_ Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you currently involved in Bible Study? \_\_\_\_\_\_\_\_\_\_\_ If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What do you consider to be your possible areas of weakness? |
| Have you had an abortion? Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever counseled a woman who was considering an abortion? If yes, please explain |
| Have you ever known a single mother? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what were your feelings about her particular situation? |
| Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?  \_\_\_\_\_ Never an option  \_\_\_\_\_ In cases of rape or incest  \_\_\_\_\_ In cases of where the mother’s life was in extreme peril  \_\_\_\_\_ In cases of extreme psychological distress  \_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How do you feel about a single woman parenting her baby? |
| How do you feel about a woman placing her baby for adoption? |
| Are you currently or have you ever been involved in seeking to adopt a child? |
| When do you feel sexual intercourse is morally permissible? Personal TestimonyIn the space provided below, please share how you came to accept Christ as your Lord and Savior.  |  | | --- | |  | |

## Education

### Summarize training or education you have had and any certificates/diplomas/degrees you have completed.

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| --- |
|  |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
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## Previous Volunteer Experience

### Summarize your previous volunteer experience (dates, organizations, duties, etc…).

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|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| **Name of Reference:** |  |
| Street Address: |  |
| City ST ZIP Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| Email Address: |  |
| **Name of Reference:** |  |
| Street Address: |  |
| City ST ZIP Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| Email Address: |  |
| **Name of Reference:** |  |
| Street Address: |  |
| City ST ZIP Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| Email Address: |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize First Option Care to verify the accuracy of my answers and to obtain reference information concerning my character and capabilities. I release First Option Care 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 First Option Care 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 First Option Care, I agree to fully adhere to its policies and rules, including those rules relating to maintaining patient confidentiality. 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 further certify that I have read and am in full agreement with First Option Care’s Statement of Faith and Staff/Volunteer/Board Pledge.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us. We will be contacting you for an interview soon.



## 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 the salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works, e.g. baptism.
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 God created man in His image, both male and female, and that marriage is a covenant relationship between God and a married couple, consisting of one man and one woman.
8. We believe in the spiritual unity of believers in our Lord Jesus Christ.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date



**Background Check Consent Form**

(This form is to be filled by the individual whose background is to be checked)

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other name(s) that may have been used in the past \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State / province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any criminal convictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, briefly explain the nature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country, State and County that the conviction occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of conviction(s) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to 1st Option Care to run a background check on the information provided in this form.

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST OPTION CARE

## Volunteer Authorization to Release Background Information

In connection with my application for volunteer service with **FIRST OPTION CARE**, I authorize **FIRST OPTION CARE** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **FIRST OPTION CARE** may conduct inquiries into my background that may include criminal records, credit report, motor vehicle records, workers compensation records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained.

**I authorize without any reservation, any person, agency, or other entity contacted by FIRST OPTION CARE or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.**

I release **FIRST OPTION CARE**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

**PLEASE PRINT (Use Blue or Black Ink) Requested by: 2292260510**

FULL LEGAL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

OTHER NAMES USED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE ISSUED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name exactly as it appears on Drivers License\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered**

Current

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co.\_\_\_\_\_\_\_\_ St.\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_\_\_\_

Previous

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co.\_\_\_\_\_\_\_\_ St.\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_\_\_\_\_\_

Previous

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co.\_\_\_\_\_\_\_\_ St.\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_