



Staff/Volunteer Application

General			
Name		Date	
Address			
City/State		Zip	
Phone		E-mail	
Check One	<input type="checkbox"/> I check my e-mail often <input type="checkbox"/> I do NOT check my e-mail often		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Occupation	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired		
Spouse's Name			
How does your spouse and/or family feel about this kind of work?			
Names & Ages of Children			
Languages spoken (other than English)			
Volunteer / Professional Experience			
Previous volunteer/work experience:			
How many hours per week can you realistically and reliably volunteer/work right now:			
Professional, volunteer or special skills you can offer (computer skills, second language, etc):			
Have you previously worked or volunteered at a pregnancy help center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and at what center?			
How were you introduced to Southwest Pregnancy Services?			

Christian Faith and Practices

Church you attend

I attend Weekly Monthly Occasionally Never

Do you understand and agree with Southwest Pregnancy Services Statement of Faith and Commitment of Care and Competence? Yes No Not sure

Please reference any portions you do not agree with:

Why do you want to join the ministry of Southwest Pregnancy Services?

Southwest Pregnancy Services is a non-denominational Christian ministry; we look to Christ for guidance and strength. He is the power which enables us and works through us to serve our clients.

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

Please briefly describe your relationship with Jesus Christ:

How do you look for His guidance in your life?
(i.e. attending church, Bible study, Sunday school class, prayer group or regular personal quiet/prayer time)

Personal

Have you ever counseled a woman experiencing an unplanned pregnancy? Yes No

Please comment on that experience:

Have you personally experienced an unplanned pregnancy? Yes No

Please comment on that experience:

What are your views on abortion? Any exceptions?	
Have you personally experienced a termination of pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you been through a post-abortion healing class? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes and no class, would you be willing to attend one? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
Are you now living a lifestyle of sexual integrity, abstinence if single or faithful within marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you feel about sexual activity outside the commitment of marriage?	
Do you have any experiences with adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please comment on these experiences:	
What are your views on adoption?	
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<input type="checkbox"/> I would be willing to donate \$15 to pay for my background check.	

References

Please provide 3 references: a pastoral, personal, and a professional reference.

Name	Address	Phone	Email	Relationship/length

Availability

Please see the Volunteer Opportunities and mark the boxes that apply

Client Contact		Non-Client Contact	
<input type="checkbox"/>	Pregnancy Test Nurse (RNs or LVNs)	<input type="checkbox"/>	Church Liaison
<input type="checkbox"/>	Ultrasound Nurse (RNs)	<input type="checkbox"/>	Baby Boutique Helper
<input type="checkbox"/>	Client Advocate	<input type="checkbox"/>	Prayer Partner
<input type="checkbox"/>	Class Instructor	<input type="checkbox"/>	Fund Raising Committee
<input type="checkbox"/>	Administrative Helper	<input type="checkbox"/>	Special Events Helper

Please select your availability (check all that apply)

- Monday 10am - 1pm Monday 1pm - 5pm
- Tuesday 10am - 1pm Tuesday 1pm - 5pm
- Wednesday 10am - 1pm Wednesday 1pm - 5pm
- Thursday 1pm - 5pm Thursday 5pm - 8pm
- Friday 10am - 1pm Friday 1pm - 5pm

RNs, LVNs and RDMSs	
Is your Texas license current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing or RDMS license number:
Do you have a current CPR certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last TB test:	Have you had a Hepatitis B series? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your nursing or RDMS background? (Use back if necessary)	



Vision Statement

Southwest Pregnancy Services envisions a community where all recognize that every human life is sacred because it is made in the image of God; where every child has a chance to be born healthy and placed in the arms of a mother and father equipped in every way to provide a Christian home, building the fundamental unit of a healthy society.

Mission Statement

Southwest Pregnancy Services empowers families for life.

I, _____ (please print) have read and agree with the Vision and Mission Statement of Southwest Pregnancy Services.

(Signature)

(Date)



Statement of Faith

We believe the Bible to be the inspired, infallible, and authoritative word of God, without error in the original writings.

We believe in one God, Creator of all things, infinitely perfect and eternally existing in three persons: Father, Son and Holy Spirit.

We believe that by one man, Adam, sin entered the world; that for salvation of the lost and sinful men, regeneration by the Holy Spirit through faith in our Lord Jesus Christ is absolutely essential.

We believe in the deity and virgin birth of our Lord Jesus Christ; that He died upon the cross as a substitutionary sacrifice for the sin of the world; that He arose from the dead and ascended into heaven, from whence He will return with power and glory.

We believe in the doctrine of justification by faith, realizing it is impossible for man through works, to please God or save himself.

We believe in life after death, that there shall be a resurrection of the dead, both for the just and the unjust.

We believe in the resurrection of the saved into everlasting life in heaven and the resurrection of the lost into eternal punishment.”

I have read the Statement of Faith, and my signature below indicates my understanding and acceptance.

Print Name: _____

Signature: _____

Date: _____

Commitment of Care and Competence

- Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- Clients are treated with kindness, compassion and in a caring manner.
- Clients always receive honest and open answers.
- Client pregnancy tests are distributed and administered in accordance with all applicable laws.
- Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
- All of our advertising and communication are truthful and honest and accurately describe the services we offer.
- We provide a safe environment by screening all volunteers and staff interacting with clients.
- We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
- We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
- Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
- All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

I have read the Statement of Care and Competence, and my signature below indicates my understanding and acceptance.

Print Name: _____

Signature: _____

Date: _____