

Volunteer Application Packet

Our Mission...

The Agape Pregnancy Resource Center exists to demonstrate and share the life-changing message of Jesus Christ by providing practical help and loving support to those facing an unplanned pregnancy.

Our Vision...

The Agape Pregnancy Resource Center is a dynamic center impacting lives by . . .

- o Informing those in an unplanned pregnancy of options and help available to them.
- Encouraging girls, women, men, and families in an unplanned pregnancy or pregnancy loss by providing personal and practical help for their physical, emotional, and spiritual needs.
- Educating individuals, students, and our community by advocating sexual purity as a positive lifestyle.
- o Offering restoration and healing through Jesus Christ.



Volunteer Job Description

Principle Functions: To reach out to women in an unplanned pregnancy with the mercy and compassion of Jesus Christ by offering practical assistance in both word and action.

Reports To: The Center Administrator/Shift Leader

Qualifications:

- 1. Be a committed Christian who demonstrates a personal relationship with Jesus Christ as Savior and Lord.
- 2. Be an active member, in good standing, with a local church.
- 3. Exhibits strong commitment and dedication to the pro-life position.
- 4. Agree with and be willing to uphold the Statement of Principle, Statement of Faith, Statement of Church Membership, Statement of The Sanctity of Human Life, and policies of the center.
- 5. Be able to carry out responsibilities with little or no supervision.
- 6. Dependable, stable, and capable of following through on commitments.
- 7. Completion of volunteer training.

Responsibilities:

- 1. Be knowledgeable of referrals concerning housing, food distribution, etc.
- 2. Perform duties as assigned by the Center Administrator/Shift Leader.
- 3. Attend volunteer and staff meetings.
- 4. Become familiar with and follow APRC Policies and Procedures.
- 5. Be available to volunteer/work at least one 4 hour shift per week.
- 6. Provide accurate information and education on abortion, parenting, and adoption.
- 7. Share the Gospel of Jesus Christ with all clients who visit the Center.
- 8. Carefully record all client information and return visits on the Intake form and other documents.
- 9. Follow up clients appropriately according to the policies of APRC.

Training - APRC will provide the following:

- 1. Volunteer on-the-job training.
- 2. Consultation with the Shift Leaders concerning hard cases.
- 3. Materials and supplies appropriate for use with each client.
- 4. Resources for further education: books, tapes/CDs, training.
- 5. Volunteer/Staff Meetings and Shift Meetings which will provide the opportunity to:
 - a. Pray with other volunteers.
 - b. Fellowship with other volunteers.
 - c. Receive new information to increase expertise as a volunteer.
 - d. Give input.



Volunteer Application Form

Applying to be a:Client AdvocateTeacherAdmin HelperNurse/Sonographer						
Last Name, First Name and Middle Initial						
Home Address						
City, state, zip code						
rthday Primary Language Other Languages:						
Cell phone Home phone						
E-mail						
Have you ever volunteered or been employed at Agape PRC? YES NO If YES, please indicate the position and list the dates:						
Marital Status: Single Married Separated Divorced						
Do you have any children? If so, please list names and ages:						
Occupation						
Employer						
Did you graduate from high school?YESNO Did you graduate from college?YESNO Special Qualifications (advanced degree, counseling experience, etc.)						
Field of Working Experience						
Previous Volunteer Experience						
Why do you desire to serve at Agape Pregnancy Resource Center?						
How does a person become a Christian?						

How did you come to accept Christ as Savior and Lord?
How long have you been a Christian? years
Please provide the following for the church you attend. Name
Address: Phone:
How frequently do you attend? Pastor's Name:
What is your attitude about sharing your personal faith in Jesus Christ?
Have you ever received training to share your faith in Jesus Christ? YES NO
If NO, are you willing to be trained in personal evangelism: YES NO
Are you willing to attend the Pregnancy Resource Center training sessions? YES NO
What is your spiritual gift(s)?
What role do you believe prayer plays in this ministry?
Have you ever had a traumatic experience related to abortion? YES NO If YES, please describ it
Would you consider yourself to be "pro-life"? Please explain
Why do you believe you are able to effectively work with women in an unplanned pregnancy?
If selected, are you willing to make a four hour commitment each week? YES NO

References
List three references with phone numbers (Nurses/Sonographers, please give professional references)
1
2
3
Please carefully read the attached Statements of Belief. If you agree, please sign them.
APRC Statement of Faith
Following are important truths in which we at Agape Pregnancy Resource Center (APRC) believe. All Board of Directors members, employees, and volunteers of APRC must maintain beliefs consistent with the following statement of faith:
A. I believe in one Sovereign God, eternally existing in three persons: God the Father, God the Son (Jesus Christ, our Lord), and God the Holy Spirit; I believe that God alone created the heavens and the earth out of nothing by His spoken word.
B. I believe that God has revealed Himself and His truth in the created order, in the Scriptures, and supremely in Jesus Christ, and that the Holy Bible is inspired by God, infallible in all that it teaches and the final rule of faith and practice.
C. I believe God created human beings in His own image to fellowship with and serve Him forever, but that through Adam's sin, the human race fell into a state of sinfulness that resulted in separation from God and condemnation to death.
D. I believe that Jesus Christ, conceived by the Holy Spirit and born of the Virgin Mary, is true God and true man, existing in one person and without sin; that he died on the cross for our sins, was raised bodily from the dead, and offers forgiveness for sins and victory over death unto eternal life to all
who believe in Him as Savior and Lord.E. I believe that grace is free for all who ask. No one can earn a place in God's family through doing good deeds. Once a believer enters God's family, he or she is eternally secure as a child of God. Every
believer has direct access to God through prayer.F. I believe that the church is the body of Christ made up of all believers; that Jesus Christ is its head; that the Holy Spirit energized the body to bear witness for Christ in the world.
G. I believe in the blessed hope that Jesus Christ will return to this earth personally, visibly and unexpectedly, to gather His church, to raise the dead, to judge the nations, and to bring His Kingdom to fulfillment.
Signature Date
APRC Statement of Sanctity of Human Life
Procreation is a gift from God, a precious trust reserved for marriage. At the moment of conception, a new being enters the universe, a human being, a being created in God's image. This human being deserves our protection, whatever the circumstances of conception.

Signature

Date

APRC Statement of Church Membership

Date
Agreement
adopted the following principle guidelines it serve at the center, be they employee, at Staff are required to uphold these are impacted in a positive way.
and creative services, positive choices for
ereed, color, national origin, age or marital udices and biases in an effort to reach out
onfidential and non-judgmental.
bortions.
ifestyle choice.
o discuss pregnancy related and sexuality
t is factual and accurate in a loving, caring shall never give misleading information,
clients. In pursuit of this goal, all ares Manual must be followed carefully.
and action is an integral element in the ent advocates, nurses, and other e standard of sexual purity in the form of y if unmarried.

Signature

Date

Confidentiality Agreement

I understand that all APRC information could be sensitive and confidential in nature, and I promise to maintain the confidentiality of all information to which I have access. I also commit to exercise discretion in conversation within the clinic, always cognizant of the potential for someone overhearing.

I understand that personnel and patient information is to be discussed only with appropriate personnel in private areas where others may not overhear and will keep all such information in the strictest confidence, even after I am no longer associated with the APRC.

I understand that APRC information of any nature is to be released by the Executive Director and agree not to discuss APRC business or affairs with anyone outside of the organization. I also promise to apply Biblical principles to all my conversations communications and problem-solving.

I understand that access to the APRC's databases, including medical, donor, etc., shall only be accessed for authorized reasons and only while at the APRC office. I agree not to otherwise access them unless specifically authorized.

specifically authorized.	on her the Europetics
I understand that violation of this policy is serious and will require investigation. Director and possible result in immediate termination.	on by the Executive
Signature	Date



Volunteer/Employee Statement of Handbook Acknowledgment

This is to acknowledge that I have received a copy of APRC's Policy & Procedures Manual. I understand that it provides guidelines and summary information about APRC's human resources policies, procedures, benefits and rules of conduct. I acknowledge specifically that all email, texts, computer and communication equipment, software, networks and systems, Internet and other online access and/or email accounts, and all other computer and communications mechanisms (collectively referred to in this Manual as "computer systems" or "systems", are the property of APRC and are provided to enable me solely to carry out my duties for APRC and in furtherance of its ministry purposes, and that all text and email messages and other content I may create in my service to APRC are and shall remain the exclusive property of APRC. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established in the Manual. I further understand that APRC reserves the right to modify, supplement, rescind, or revise any provision, benefit, or policy from time to time, with or without notice, as it deems necessary or appropriate.

I also acknowledge that both, APRC and I, have the right to terminate the volunteer/employment relationship at any time with or without cause, in compliance with the Policy & Procedures Manual, and that this employment-at-will relationship will remain in effect throughout my employment with APRC unless it is specifically modified by an express written agreement signed by me and the Board chair.

I further acknowledge that this employment-at-will relationship may not be modified by any oral or implied agreement.

In addition, I acknowledge that I agree to the Arbitration of Disputes policy contained in this

Handbook.	
Employee/Volunteer Name (Printed):	
Employee/Volunteer Name (Signed):	
Date:	



Release for Criminal History Record Check

Dear Applicant:

Agape Pregnancy Resource Center is authorized by Section 411.128 of the Texas Government Code to perform criminal history record checks on client advocate and nurse applicants.

Pursuant to this authority, Agape Pregnancy Resource Center must obtain the following information to perform a criminal history record check. This information will be used <u>only</u> for the purposes of obtaining a criminal history record from the Texas Department of Public safety or other appropriate federal, state, or local agencies.

The information you provide will not be used for evaluating your qualifications as a staff member, nurse, sonographer, client advocate or volunteer with Agape Pregnancy Resource Center; however, the Center will consider your relevant criminal conviction record in determining your eligibility as a staff member, nurse, sonographer, client advocate or volunteer with the Center.

Name (first, middle, last)

Gender (circle) M	F	Race
Date of birth (month	, day, y	vear)
Social Security Num	ber	
Driver's License Nur	nber _	State
		which the above information will be used, and I have voluntarily provided such v Resource Center to be used for all authorized purposes.
		the Center, acting through any of its officers, employees, and agents to use the this form for performing a criminal history record check on me.
		e results of the criminal history record check will be used to assist the Center in taff member, nurse, sonographer, client advocate or volunteer with the Center.
from any liability whic	ch may	ncy Resource Center of Round Rock, Texas, and its officers, employees, and agents or could result from furnishing the information requested above or from any ion in determining my eligibility to serve at the Center.
Signature		Date
□ Submitted (initials)
□ Cleared (in	itials)	

For Office Use Only

Applicant's Name	

Task	Signed Off By	Date Completed	Notes
Application			
References			
Background Check			
Interview			
Shadowing			
Training			