



VOLUNTEER APPLICATION

Date of Application: _____

Name: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Age: _____ Date of Birth: _____ Marital Status: _____

Spouse's Name: _____ Number of Children: _____ Ages of Children: _____

Emergency Contact (Name & Phone Number): _____

Primary Doctor (Name & Phone Number): _____

Health issues we should know about: _____

Important. Please read carefully.

Before you continue, read our **Mission Statement, Statement of Faith, Statement of Principle, Statement of Confidentiality, and Sexual Purity & Marital Faithfulness** below. To volunteer in our ministry, which is a privately funded religious corporation, you must agree with our Statement of Faith, Statement of Purpose, and Statement of Confidentiality. If you cannot sign these there is no judgement being made on you personally. It is simply an indicator that this particular ministry is not for you. We hope you will find another organization to volunteer for that better fits your belief system.

MISSION STATEMENT

The House of Ruth Pregnancy Care Center is a Christian ministry dedicated to serving women and to protecting the lives of unborn children. Our goal is to demonstrate the love of Christ by assisting with emotional, spiritual, and physical needs, enabling women to make healthy, life affirming choices throughout pregnancy, delivery and beyond.

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 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 the 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.

I have read and do agree with the above Statement of Faith.

Signature: _____ Date: _____

STATEMENT OF PRINCIPLE

1. House of Ruth Pregnancy Care Center is an outreach of Jesus Christ through His church. Therefore the Center, embodied in its volunteers, is committed to presenting the gospel of our Lord to women in crisis pregnancy both in word and deed. Commensurate with this purpose, those who labor as volunteers are expected to know Jesus Christ as their Savior and Lord.
2. The Center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The Center is committed to integrity in dealing with clients, earning their trust, providing promised information and services, and eschewing any form of deception in its corporate advertising or individual conversations.
4. The Center 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. The Center does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.
6. The Center does not recommend, provide, or refer for abortions or abortifacients.
7. The Center offers assistance free of charge at all times.
8. The Center is committed to creating awareness within the local community of the need of pregnant women and the fact that abortion only compounds human need rather than resolves it.
9. The Center 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 and physician.)
10. The Center recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. The Center is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. The Center receives no payments of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office spaces. Adoption agencies are not established under the auspices of centers. The Center neither initiates nor facilitates independent adoptions, though they may refer independent adoptions in states where it is legal.

I have read and agree to the above Statement of Principal

Signature: _____ Date: _____

STATEMENT OF CONFIDENTIALITY

- In the fear of God and in regard for the ongoing ministry of House of Ruth, I make this pledge of confidentiality:
- I will respect and diligently guard the privacy of the clients and staff of House of Ruth.
- Nothing concerning clients or personnel should be discussed in public. This includes even acknowledging that someone is a client, or sharing any information about a client that you have because of your involvement with House of Ruth.
- When necessary to speak in public about a client (e.g. sharing a prayer request or speaking before a group), use only general terms: no names or specifics.
- Use discretion even when sharing with other House of Ruth staff. Details of a client’s situation should be shared only when a counselor needs prayer, support, or advice.

I have read and agree to the above Statement of Confidentiality

Signature: _____ Date: _____

SEXUAL PURITY AND MARITAL FAITHFULNESS PLEDGE

If you are unmarried: Because we at House of Ruth are firmly committed to sexual purity, acknowledging that a biblical marriage/relationship is between one man and one woman, we ask that you prayerfully and sincerely make the following pledge: *“Believing that true love waits, I make a commitment to God, myself, my family, my friends, my future mate, and my future children to a lifetime of purity including sexual abstinence from this day until the day I enter a biblical marriage relationship.”*

Signature: _____ Date: _____

If you are married: Because we at House of Ruth are firmly committed to marriage as instituted by God, acknowledging that a biblical marriage is between one man and one woman, we ask you to prayerfully and sincerely make the following pledge: *“I have made a commitment to God and to my spouse to be faithful to my marriage vows.”*

Signature: _____ Date: _____

BACKGROUND INFORMATION

How did you hear about House of Ruth? _____

Why do you believe God is calling you here? _____

What gifts, talents, or abilities do you bring to House of Ruth? _____

How does your family feel about your possible involvement with this ministry? _____

Previous volunteer experience: _____

What are your personal strengths? _____

What are possible areas of weakness? _____

What is the extent of your education? _____ Major: _____

List any special training, educational experiences, or Biblical studies: _____

Do you speak any languages other than English? _____

What are your hobbies? _____

Do you consider yourself to be a Christian? _____

When/how did you become a Christian? _____

What is a Christian? _____

Are you involved in a local church? _____ Do you attend regularly? _____

Church you attend: _____ How long have you attended there? _____

Your church involvement: _____

Pastor's name: _____ Phone: _____ May we contact him/her? Y / N

Do you believe teens should be routinely given birth control and condoms to prevent pregnancy? Y / N

If yes, why? _____

What do you think about abortion? _____

Have you ever counseled anyone considering an abortion? Y / N Explain: _____

Have you had a traumatic experience related to abortion? Y / N Explain: _____

Have you had personal experience with abortion? Y / N Please explain: _____

If you have had an abortion, have you gone through a healing program? Y / N

If so, what was the name of the program? _____

How would you rate your knowledge of abortion techniques & current laws concerning abortion?

Excellent Good Fair Poor

Under what circumstances would you consider abortion an acceptable option?

- For financial reasons In cases of rape or incest
- To save a marriage In cases of severe psychological stress
- To save the life of a mother Never an option
- Other reason: _____

Have you ever dealt with an unwed mother? Y / N Explain: _____

VOLUNTEER OPPORTUNITIES

Volunteering at this ministry offers many ways to serve. Many volunteers prefer behind the scenes. Some have a desire to work directly with clients, impacting their lives through mentoring and teaching. Others wish to use skills they have acquired in the office or other areas. Please read the following descriptions of various aspects of the ministry and check any position that interests you or you have talent in. (Check as many as you like.)

CLIENT CONTACT STAFF:

- Parenting Instructor* Pregnancy Consultant*
- Abstinence Educator Spanish Interpreter

**Parenting instructors and pregnancy consultants are required to complete self-paced training, To commit to at least one 3-hour shift per week, and to attend occasional in-service meetings.*

SUPPORT STAFF:

- Baby Boutique Washing & Mending Donation Pickup/Delivery
- Shopping/Errands Babysitting Thrift Shop Support
- Prayer Chain Other: _____

COMMUNITY CONTACT:

- Board/Committee Member Church Representative/Liaison

ADMINISTRATION/ORGANIZATIONAL SUPPORT:

- Office Assistance Social Media
- Computer/Internet Services Bulk Mailing

SPECIAL EVENTS:

- Event Coordination Yard Sale
- Fundraising Setup/Cleanup

BUILDING & GROUNDS MAINTENANCE:

- Handy Man/Repairs Lawn/Tree Care
- Safety Check for Donations (Cribs, Car Seats, Etc.)

Office Use Only

Start Date: _____

Time Available:

Day of Week: _____ From: _____ to _____

Action to be taken:

Called Screened by: _____

Appointment made for (Date): _____ Time: _____

Additional Notes: _____

Office use only

Orientation: _____

Training level 1 _____

Training level 2 _____



PREGNANCY CARE CENTER

DISCLOSURE and AUTHORIZATION — BACKGROUND CHECK

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I voluntarily and knowingly authorize House of Ruth or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. This includes the following: Local and national background records, all 50 state sex offender registries, full address trace and social security verification. Such information will be held in confidence in accordance with the organization's guidelines. There will not be a credit check involved in this process. House of Ruth will only be performing background checks.

___ I wish to receive a copy of any consumer report on me that is requested.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME/INITIAL: _____

HOME ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE OR STATE ID: _____ STATE ISSUED: _____

EMAIL ADDRESS: _____

FOR IDENTIFICATION PURPOSES ONLY, PLEASE PROVIDE FULL DATE OF BIRTH: _____

PLEASE LIST OTHER NAMES USED: _____

SIGNATURE: _____ DATE: _____