



VOLUNTEER APPLICATION (All sections are required)

Current Hours of Operation:

Monday, Wednesday, Thursday 9:00am - 2:00pm, Tuesday & Friday 9:00am - 4:00pm

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Preferred method of contact: ☐ Call ☐ Email

Medical Degrees/Certifications: ☐ Yes ☐ No License Current: ☐ Yes ☐ No

If yes, please circle: RN LPN NP RDMS DR Other: \_\_\_\_\_

Are you available to volunteer one day per week from 9am-2pm? YES NO

If yes, please indicate which day(s) you would be available 9am-2pm: Mon Tues Wed Thurs Fri

Are you available to volunteer one day per week from 12pm-4pm? YES NO

If yes, please indicate which day(s) you would be available 12-4pm: Mon Tues Wed Thurs Fri

Have you previously volunteered or applied at a pregnancy help center? ☐ YES ☐ NO

If yes, give dates and name of center and in what capacity: \_\_\_\_\_

How did you hear about Paulding Pregnancy Services? \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Please add me to your email/mailling list. YES NO

Potential volunteer applications are held on file for 6 months and then shredded.

1899 Lake Road | Suite 120 | Hiram GA 30141 | 770-222-6911 | ppsfriends.org



### PERSONAL AND CHURCH REFERENCES

Please list three individuals, **one from your pastor (or someone your pastor designates), and two from individuals (not related to you)** who have knowledge of your personal abilities and character. (We will send a referral letter upon receipt of your application therefore name and email are required).

1. Pastor/Pastor Designee Name: \_\_\_\_\_  
Church: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, \_\_\_\_\_ St, \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you attended? \_\_\_\_\_ How are you involved at  
church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_



## CHRISTIAN COMMITMENT

Affirmation of Faith: As PPS is a Christian ministry, governed by Biblical principles, a “personal profession” of having received Jesus Christ as Savior and Lord is required for all staff and volunteers. Each new staff or volunteer will signify his or her agreement with the PPS Statement of Faith by providing a signed affirmation to that effect. A copy will be placed in his or her file. Agreement with the Statement of Faith and Statement of Principle at all times is required for continued volunteering.

In accordance with Hebrews 10:24-25, current, active fellowship and accountability in a local church is expected of each volunteer. Volunteers are expected to attend church regularly as well as participate in other Christ-centered activities such as Bible study groups or outreach programs.

Because PPS 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

How long have you been a follower of Christ? (You will be asked to share more about your faith journey during an interview.) \_\_\_\_\_

\_\_\_\_\_

Briefly explain the plan of salvation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PERSONAL

What do you consider to be your strengths, talents, and passions? \_\_\_\_\_

\_\_\_\_\_

Please indicate any ministry experience you have (in addition to church involvement): \_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer for PPS? \_\_\_\_\_

\_\_\_\_\_

Have you ever had the opportunity to counsel anyone experiencing an unplanned pregnancy? ☐ YES ☐ NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you personally experienced an unplanned pregnancy? YES NO

Have you experienced an abortion *or* been involved with an abortion decision in your past? YES NO

If you answered YES, to either of the above questions, how do you feel this could help you counsel other women who are experiencing an unplanned pregnancy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of healing have you received in relation to your abortion(s) or involvement in an abortion decision? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your views on abortion? Do you believe there are any exceptions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your views on abstinence outside of marriage? \_\_\_\_\_

\_\_\_\_\_



## STATEMENT OF PRINCIPLE

1. PPS is an outreach ministry of Jesus Christ through His church. Therefore, PPS, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women with unplanned pregnancies both in word and deed. Commensurate with this purpose, those who labor as pregnancy care center board members, directors, staff, and volunteers are expected to know Christ as their Savior and Lord.
2. PPS is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. PPS is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. PPS denounces any form of deception in its corporate advertising or individual conversations with its clients.
4. PPS 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 face the future with hope and plan constructively for themselves and their babies.
5. PPS does not discriminate in providing services because of race, ethnicity, religious affiliation, age, or marital status of its clients.
6. PPS does not recommend, provide, or refer for abortion or abortifacients.
7. PPS offers assistance free of charge at all times.
8. PPS does not engage in or condone "rescue" or protest activities at abortion clinics.
9. PPS upholds the Biblical foundation of sexual integrity and marriage. That sex is to be saved for the marriage covenant between one biological man and one biological woman.
10. PPS 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 resolving it.
11. PPS does not recommend, provide, or refer contraceptives to single women. Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor and physician.
12. PPS recognizes the validity of adoption as one alternative to abortion, but it is not biased toward adoption when compared with other life-saving alternatives. Centers are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. PPS receives no payment of any kinds from these agencies, does not enter in contractual relationships with them and does not share combined office space. Adoption agencies are not established under the auspices of centers. PPS neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

\_\_\_\_\_ Initials



## STATEMENT OF FAITH

Adapted from the National Association of Evangelical's 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.

\_\_\_\_\_ Initials



## PERSONAL SEXUAL INTEGRITY COMMITMENT

In an age where secular society is increasingly confused about sexual identity and sexual purity, the PPS ministry believes it is important that it be clear with its staff and volunteers about its expectation that they uphold the highest standards of Biblical purity in their interpersonal relationships. Without a clear understanding of sexual identity and consistent practice of sexual purity by PPS ministry staff and volunteers, our ministry cannot be an effective agent of the healing power of Jesus Christ to the victims of sexual confusion in our world.

We believe that God's design for the gift of sexuality is that it is to be exercised and enjoyed only within the covenant relationship of marriage between one man and one woman. It is God's intention that those who enter marriage shall seek, in mutual love and respect, to live in Christian fidelity as long as both shall live.

We believe God has expressly condemned sexual intercourse outside of the marriage covenant. This prohibition applies to married persons committing adultery, to sexual relationships between unmarried men and women, and because God's order intends the sexual relationship be between male and female. This prohibition extends to the homosexual practice because it is God's expectation that the unmarried shall live pure and celibate lives, refraining from sexual intimacy.

Because of the serious consequences confused sexuality and unrepentant sexual sin can have on the ministry of PPS, staff and volunteers who disagree with this policy or who do not conform their conduct to it are expected to resign or they will be terminated. Individuals applying for positions with the PPS ministry must acknowledge their agreement with this policy and commitment to abide by it.

\_\_\_\_\_ Initials



## VOLUNTEER AGREEMENT

Recognizing that PPS is an evangelical ministry, I openly acknowledge my personal faith in Jesus Christ as my Savior and Lord. The new birth accomplished by the Spirit of Christ within me has manifested itself in a lifestyle that is holy and pleasing to the Lord. I have read the PPS Statement of Faith and am in complete agreement with all statements in it.

I believe in the sanctity of human life as taught in the Bible, therefore, reject abortion as an acceptable option for any woman facing an unplanned pregnancy, even in cases of rape, incest, genetic abnormality, or deformity. I will at no time participate in any action which results in the destruction of innocent human life.

I accept the responsibility to act as advocate on behalf of the women under my care, to give accurate information, emotional support, and spiritual guidance. All information on PPS clients will be kept in the strictest confidence. I will continue to keep the information confidential even after I am no longer a volunteer for PPS.

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Paulding Pregnancy Services to verify their accuracy and to obtain reference information concerning my character and capabilities.

I release Paulding Pregnancy Services 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 Paulding Pregnancy Services to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors.

I recognize that, as a volunteer, I will serve in a different role than employees of the center, and 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 that I am in full agreement with Paulding Pregnancy Services Statement of Faith, Statement of Principles and Commitment to Sexual Integrity, and will uphold it at all times, as well as all policies and procedures established by the Board of Directors and Executive Director.

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VOLUNTEER SIGNATURE

DATE

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DIRECTOR SIGNATURE

DATE





## Organizational Confidentiality/Non-Disclosure Agreement

**Paulding Pregnancy Services, Inc.** is a place that is built on trust. We provide security, counsel, and support to those we serve. In order to gain and retain the trust of our patients (clients) it is essential that we agree to a high standard of confidentiality.

By signing this form, I agree to hold the confidences of all patients (clients) served and affirm that I will not divulge patient (client) data to any unauthorized person for any reason. I understand that patient (client) information is to be discussed only with appropriate personnel in private areas where others may not overhear. Neither I directly nor indirectly use, or allow the use of, **Paulding Pregnancy Services, Inc.** data for any purpose other than that directly associated with my official assigned duties. *All information on PPS patients (clients) will be kept in the strictest confidence. I will continue to keep the information confidential even after I am no longer associated with Paulding Pregnancy Services Inc.*

Furthermore, I will not, either by direct action or by counsel discuss, recommend, or suggest to any unauthorized person the nature or content of any of **Paulding Pregnancy Services, Inc.** information. I understand that all **Paulding Pregnancy Services, Inc.** information could be sensitive and confidential in nature, and I promise to maintain the confidentiality of all information to which I have access. I agree not to discuss **Paulding Pregnancy Services, Inc.** business affairs with anyone outside of the organization.

The protection of **Paulding Pregnancy Services, Inc.** organizational confidential information is vital to the interests and success of **Paulding Pregnancy Services, Inc.** Such confidential information includes, but is not limited to, the following examples:

- ALL PATIENT (Client) INFORMATION
- Compensation data
- Financial information
- Marketing strategies
- Pending projects and proposals
- Proprietary production processes
- Personnel/payroll records and information
- Conversations between any persons associated with **Paulding Pregnancy Services, Inc.**

*Employees and volunteers who improperly use or disclose confidential information will be subject to disciplinary action, up to and including termination of employment or volunteer services and legal action, even if they do not actually benefit from the disclosed information.*

I have read, understood, and agree with the Confidentiality/Non-Disclosure Statement. I will always uphold the policies and procedures established by the Board of Directors of **Paulding Pregnancy Services, Inc.**

_____	_____	_____
Printed Name	Signature	Date

*If participant is a minor (under 18):*

_____	_____	_____
Printed Name Parent/Guardian	Signature Parent/Guardian	Date