

you



may be their last hope

You have a purpose at the Pregnancy Help Center ministry.

Volunteer Application Packet

Thank you so much for your interest in the Pregnancy Help Center ministry.

Enclosed is the volunteer application and three reference letters. Please complete the application and mail or bring it to the Center. The letters of reference should be given to your Pastor and two friends. We ask that they mail them back to us when they complete them. Please encourage your Pastor and friends to return these letters quickly.

After you have returned the completed application to the Center, you should call to schedule a time to view the training videos. The only cost for training is \$25.95 to cover the cost of the manual, which is yours to keep.

The Center is only able to remain in operation because of the dedication of our volunteers. We sincerely appreciate any time you will be able to give us to help in spreading the Gospel of Jesus Christ and reaching out to the unborn and their mothers and fathers.

We look forward to seeing you and if you have any questions, please call the Center at (302) 698-9311.

God Bless!

Amy McKenna
PHC Executive Director

PREGNANCY HELP CENTER

1991 S. STATE STREET

DOVER, DE 19901

302-698-9311

CONFIDENTIAL VOLUNTEER APPLICATION

NAME _____ DATE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ WORK PHONE _____

OCCUPATION _____ HOURS PER WEEK _____

PREVIOUS OCCUPATIONS _____

PREVIOUS VOLUNTEER
EXPERIENCES _____

MARITAL STATUS _____ SPOUSE'S NAME _____

OCCUPATION _____ AGE _____

CHILDREN AND AGES _____

DO YOU CONSIDER YOURSELF A CHRISTIAN? _____ HOW LONG? _____

EXPLAIN WHAT A CHRISTIAN IS

PLEASE READ THE ATTACHED STATEMENT OF FAITH. IF YOU AGREE TO UPHOLD
THE STATEMENT OF FAITH IN THE PREGNANCY HELP CENTER,
SIGN HERE _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR LOCAL CHURCH:

NAME _____ MAILING ADDRESS _____

PASTOR'S NAME _____ PHONE NUMBER _____

DENOMINATION OR AFFILIATION _____

POSITIONS YOU HOLD OR HAVE HELD IN THE CHURCH _____

WHAT OTHER ACTIVITIES OCCUPY YOUR WEEK? _____

WHAT IS THE EXTENT OF YOUR FORMAL EDUCATION? _____

EDUCATION CONCENTRATION _____

HOW DID YOU FIND OUT ABOUT THIS TRAINING? _____

BRIEFLY STATE WHY YOU ARE INTERESTED IN VOLUNTEERING AT PHC

HOW DOES YOUR FAMILY/SPOUSE FEEL ABOUT YOUR INVOLVEMENT?

HAVE YOU EVER COUNSELED A WOMAN WHO WAS CONSIDERING AN ABORTION? _____ WHAT HAPPENED? _____

HAVE YOU EVER HAD AN ABORTION? _____ HOW LONG AGO? _____

HAVE YOU EVER TOLD ANYONE BEFORE NOW? _____

IF YOU HAD AN ABORTION, WOULD YOU BE WILLING TO GO THROUGH A POST ABORTION COUNSELING AND EDUCATION PROGRAM TO BECOME A COUNSELOR? _____

UNDER WHAT CHIRCUMSTANCES WOULD YOU CONSIDER ABORTION AN ALTERNATIVE FOR A WOMAN WITH A CRISIS PREGNANCY?
Never an option _____ Maybe in cases of rape/incest _____
Cases of extreme psychological stress _____ Others _____

WHAT ARE YOUR FEELINGS ON ABORTION? _____

HOW DO YOU FEEL ABOUT BIRTH CONTROL FOR UNMARRIED WOMEN?

PLEASE MAKE A GENERAL EVALUATION OF YOUR PERSONAL KNOWLEDGE IN THE FOLLOWING AREAS:

A. KNOWLEDGE OF HOW ABORTIONS ARE PERFORMED; METHODS
Excellent_____ Good_____ Fair_____ Poor_____

B. KNOWLEDGE OF EXISTING LAWS REGULATING ABORTION
Excellent_____ Good_____ Fair_____ Poor_____

C. KNOWLEDGE OF WHAT THE BIBLE TEACHES ON ABORTION
(DIRECTLY AND INDERECTLY)
Excellent_____ Good_____ Fair_____ Poor_____

PLEASE LIST ANY BOOKS, MATERIALS, OR PRESENTATIONS THAT YOU HAVE READ/ATTENDED THAT RELATE TO ABORTION, PREGNANCY, OR ALTERNATIVES TO ABORTION_____

DO YOU VIEW YOURSELF AS A FOLLOWER OR A LEADER?
EXPLAIN_____

WHAT SPECIAL GIFTS OR TALENTS CAN YOU BRING TO THIS MINISTRY?

WHAT ARE YOUR AREAS OF WEAKNESS?_____

DO YOU FIND YOURSELF EASILY UPSET BY ANOTHER PERSON'S DISTRESSING CIRCUMSTANCES?_____

DO YOU HAVE DIFFICULTIES RELATING TO OR WORKING WITH PEOPLE OF ANOTHER RACE, COLOR, CREED, OR RELIGION?_____

HAVE YOU EVER HAD ANY LEGAL PROBLEMS OR BEEN CONVICTED OF A CRIME?_____

ARE YOU NOW, OR HAVE YOU EVER BEEN, UNDER THE CARE OF A COUNSELOR OR PSYCHIATRIST? _____
EXPLAIN _____

IS THERE ANYTHING ELSE YOU FEEL WE SHOULD KNOW AT THIS TIME?

WHICH OF THE FOLLOWING AREAS ARE YOU INTERESTED IN?

ADMINISTRATIVE

- ____ Receptionist
- ____ Writer
- ____ Accounting
- ____ Support Ministries

PROFESSIONAL

- ____ Medical Doctor
- ____ Nurse
- ____ Attorney
- ____ Counselor

CLIENT RESOURCES

- ____ Hotline Counselor
- ____ Office Counselor
- ____ Shelter Home
- ____ Transportation

DEVELOPMENT

- ____ Public Relations
- ____ Fund Raising

WE WILL NEED 3 LETTERS OF REFERENCE FROM PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR AND WHO CAN COMMENT ON YOUR POTENTIAL AS A HOTLINE OR OFFICE COUNSELOR. ONE OF THE REFERENCES SHOULD BE FROM YOUR PASTOR (if you attend a large church, and you feel an associate pastor or an elder knows you better you may obtain a reference from them also).

ATTACHED TO THIS APPLICATION ARE 3 REFERENCE FORMS. PLEASE GIVE THEM TO THE PEOPLE YOU HAVE LISTED BELOW.

1. Pastor _____ Church _____
Address _____
2. Name _____ Address _____
3. Name _____ Address _____

Pregnancy Help Center of Kent County

1991 South State Street

Dover, DE 19901

302-698-9311

Non-Violence Commitment Statement

As a staff member or volunteer of the Pregnancy Help Center, I commit myself to the position that violence is not an acceptable solution to those who are not in agreement with the pro-life stand.

Violence is inconsistent with the example of Jesus Christ and His teaching. It is unacceptable and a contradiction to the pro-life principle of this ministry.

Signature_____

Date_____

PREGNANCY CENTER 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.

Adapted from the National Association of Evangelical's Statement of Faith.

STATEMENT OF PRINCIPLE

1. The Pregnancy Help Center is an outreach ministry of Jesus Christ through His church. Therefore, the PHC, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women with problem pregnancies – both in word and in deed. Commensurate with this purpose, those who labor as PHC board members, directors, and volunteers are expected to know Christ as their Savior and Lord.
2. The PHC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The PHC 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 PHC 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 PHC does not discriminate in providing services because of the race, creed, color, national origin, age, or marital status of its clients.
6. The PHC does not recommend, provide, or refer for abortion or abortifacients.
7. The PHC offers assistance free of charge at all times.
8. The PHC is committed to creating an 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.
9. The PHC does not recommend, provide, or refer single women for contraceptives. (Married women seeking contraceptive information should be urged to seek counsel, along with their husband, from their pastor and physician.)
10. The PHC recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. Centers are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. PHC receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of centers. PHC neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

Pregnancy Help Center of Kent County
1991 South State Street
Dover, DE 19901
(302)698-9311

Dear Friend:

_____ has applied to become a volunteer at the Pregnancy Help Center and gave your name as a possible reference. Kindly fill out this form and return it to us as soon as possible. Use the bottom of the form if we have not allowed enough space for your thoughts.

PLEASE UNDERSTAND THAT THIS FORM IS CONFIDENTIAL AND WILL NOT BE VIEWED BY THE INDIVIDUAL. It would be most helpful to this ministry if you could be quite candid in your evaluation. Thank you.

1. How long have you known this person, and in what capacity?

2. How well would you say you know this person?

____ Intimately ____ Very Well ____ Well
____ Average ____ Not Very Well

3. What are your general feelings about this person working as a volunteer at the PHC (she would be dealing with women of all types who are facing a crisis pregnancy)? _____

4. How would you rate this person's skills with interpersonal relationships?

____ Excellent ____ Good ____ Fair ____ Poor

Comments _____

5. How would you rate this person's ability to deal effectively with stressful situations?

____ Excellent ____ Good ____ Fair ____ Poor

Comments _____

6. Are you aware of any circumstances in which this person has had difficulties relating to or working with people of different race, color, creed, or religion? If so, please explain.

7. What is this person's home life like?

8. Does this person tend to become over-committed with activities?

9. How would you rate this person's walk with the Lord?

____ Excellent ____ Good ____ Fair ____ Poor

Comments _____

10. Do you have any further observations which would be helpful to us?

Please sign your name: _____ Date: _____