

VOLUNTEER MENTOR APPLICATION

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Phone # _____ Cell # _____ E-mail _____

Are you over 18 years old? ___Yes ___No Birth date _____

Have you ever been convicted of a crime? ___Yes ___No

If yes, explain: _____

Education:

1. High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: ___Yes ___No
G.E.D.: ___Yes ___No

School name _____

2. College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) _____

Degrees earned _____ Dates _____

Describe other training or degrees _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employment History: List most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employer _____ Date of employment: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Additional Information:

1. What is your reason for seeking to volunteer here? _____

2. Do you consider yourself a Christian? ___ Yes ___ No

If yes, how long have you been a Christian? _____

3. As a Christian, what is the basis of your salvation? _____

4. Please provide the following information concerning your local church.

Church name _____ Denomination _____

Address _____

Pastor's name _____ Phone _____

Positions in which you have served _____

Do you consider yourself to be a Christian? Yes _____ No _____ Undecided _____

What does a being a Christian mean to you? _____

5. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

6. What special skills, talents, gifts, or personality traits would you bring to this ministry?

7. Have you ever counseled a woman who was considering an abortion? Yes No

(Explanation) _____

8. Have you had any traumatic experiences relating to abortion? Yes No

(Explanation) _____

9. Have you ever known a single pregnant woman? Yes No

(Explanation) _____

10. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

- _____ Never an option
- _____ In cases of rape or incest
- _____ In cases where the mother's life was in extreme peril
- _____ In cases of extreme psychological distress
- _____ Other (specify) _____

11. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center 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 to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy 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 the pregnancy center's Statement of Faith and Statement of Principle.

Signature of applicant _____

Date _____

ENDLESS MOUNTAINS PREGNANCY CARE CENTER

STATEMENT OF FAITH

1. We believe the Bible to be the inspired, infallible Word of God.
2. We believe 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 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 Saviour and Lord and not 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.

MISSION STATEMENT

The Endless Mountains Pregnancy Care Center is a non-denominational, non-profit, Christ-oriented organization formed for the purpose of providing free and confidential emotional, spiritual, and physical support to women and those involved with them in the issues of pregnancy. These services include pregnancy testing, education, and physical support as available, always giving witness to the love of Jesus and offering life saving solutions for mother and their pre-born babies.

ENDLESS MOUNTAINS PREGNANCY CARE CENTER

STATEMENT OF PRINCIPLE

1. The Pregnancy Care Center is an outreach ministry of Jesus Christ through His church. Therefore, the PCC, embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies—both in word and in deed. Commensurate with this purpose, those who labor as PCC board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. The PCC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The PCC 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.
4. The PCC never discriminates in providing services because of the race, creed, color, national origin, age, or marital status of its clients.
5. The PCC never advises, provides, or refers for abortion or abortifacients.
6. The PCC offers assistance free of charge at all times.
7. The PCC 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.
8. The PCC does not engage in contraceptive counseling or in referring for contraceptives or contraceptive services. (Married women seeking contraceptive information should be urged to seek counsel along with their husbands from their pastor and physician.)
9. The PCC 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. PCC's receive no payments of any kind from these agencies, do not enter into contractual relationships with them, and do not share combined office space. Adoption agencies are not established under auspices of centers. PCC's neither initiate nor facilitate independent adoptions.

VOLUNTEER AGREEMENT

Recognizing that the Endless Mountains Pregnancy Care Center (EMPCC) is an evangelical ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. 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 EMPCC 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 and, therefore, reject abortion as an acceptable option for any woman facing a crisis pregnancy. 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 EMPCC 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 the EMPCC.**

Understanding the vital role volunteers play in the work of the EMPCC, I do commit myself to faithfully serve as I am able on a regular basis. Additionally, I will attend staff meetings.

I have read, understand and agree with the EMPCC Statement of Principle and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and Director of the EMPCC.

I WILL.....

1. Be faithful to the monthly schedule.
2. Be prompt.
3. Give at least a week notice if shift or in-service must be missed (except in extenuating circumstances).
4. Give at least two weeks notice for vacation times.
5. Keep current on new material made available.
6. Accept guidance from director.
7. Attend staff meetings.

Volunteer

Date

Director

Date

Please mail completed applications to:

**Endless Mountains Pregnancy Care Center
PO Box 42
Canton, PA 17724**