



# Women's VOLUNTEER APPLICATION

**Your personal information will be held in strictest confidence,  
accessible only by the Center Director or Volunteer Coordinator.**

**If you are uncomfortable answering any questions, please leave  
blank and discuss them at your interview.**

## **Please Print Your Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children & Ages: \_\_\_\_\_

\_\_\_\_\_

How does your spouse/family feel about your  
possible involvement here at the Center?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about the Center?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering at the  
Center?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience and/or Pro-life  
activism:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Please make a general evaluation of your personal knowledge, prior to training, in the abortion areas:

**Methods** ☐ Excellent ☐ Fair ☐ Poor

**Issues** ☐ Excellent ☐ Fair ☐ Poor

I would like to learn more about abortion methods: ☐ YES ☐ NO

What circumstances would be okay to consider abortion?

- ☐ Never an option
- ☐ Rape or incest
- ☐ Save Mother's life
- ☐ Psychological Stress
- ☐ Financial Hardship
- ☐ Birth Defects
- ☐ Abusive Partner
- ☐ Other: \_\_\_\_\_

Have you ever been involved in any form of pro-life activism?

- ☐ Operation Rescue
- ☐ Picketing
- ☐ Lobbying
- ☐ Sidewalk Counseling
- ☐ Other: \_\_\_\_\_

## ABORTION KNOWLEDGE

Have you ever had an abortion? ☐ YES ☐ NO

How long ago? \_\_\_\_\_

Have you ever told anyone? ☐ YES ☐ NO

Who in your immediate family knows about the abortion and how have they dealt with it?

\_\_\_\_\_  
\_\_\_\_\_

Have you gone through a healing process for the pain attached to the abortion? ☐ YES ☐ NO

When and what type of abortion recovery did you go through?

\_\_\_\_\_  
\_\_\_\_\_

Have you completed the following workshops?

**SaveOne** ☐ YES ☐ NO

**Forgiven and Set Free** ☐ YES ☐ NO

Other Recovery Study \_\_\_\_\_

Have you ever known a woman who was considering an abortion? ☐ YES ☐ NO

Describe what happened:

\_\_\_\_\_  
\_\_\_\_\_

What books, videos, films, materials, presentations have you seen/heard relating to abortion?

\_\_\_\_\_  
\_\_\_\_\_

How do you feel about birth control for unmarried people?

\_\_\_\_\_  
\_\_\_\_\_

# GOAL

Our goal is to make abortion unthinkable and unnecessary while strengthening and encouraging healthy nuclear families.

# AGREEMENT:

Please read, initial and sign the following:

- ☐ I recognize Life Choice Pregnancy Center is a Christian Ministry.
- ☐ I openly acknowledge my personal faith in Jesus Christ as MY Lord and Savior.
- ☐ I have read and agree with the Goal, Mission and Faith Statements.
- ☐ I believe in the sanctity of human life as taught in the Bible and do not accept abortion as an option.
- ☐ I believe in chastity outside of marriage and in the sanctity of marriage, taught in the Bible. I commit to a lifestyle of purity.
- ☐ I accept the responsibility to act as an advocate on behalf of the people under my care; to give accurate, emotional and spiritual guidance.
- ☐ I will keep all clients information in strict confidence as stated in this document.
- ☐ I commit myself to the Lord to serve in the position I will volunteer to fill.

I have read, understand and agree with the Life Choice Pregnancy Center Statement of Faith, Goal and Mission of the Center. I will at ALL times uphold them, as well as all policies and procedures established by the Board of Directors and/or Executive Director.

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Volunteer's Printed Name

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Signature

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Date

# VOLUNTEER AGREEMENT:

With statement of confidentiality

## MISSION STATEMENT

Our mission is providing medically sound, scientifically accurate information on reproduction, fetal development, maternal and familial health through the means of urine pregnancy tests, limited diagnostic ultrasounds, peer counseling, material resource assistance and community referrals.

## STATEMENT OF FAITH

**We believe that there is one God, eternally existent in three persons: Father, Son & Holy Spirit.** (Isaiah 44:6; John 1:1-4; Deut. 6:4; Isaiah 43:10b; Mat. 28:10; Luke 3:21-22; John 8:58, 14:16-17, and 10:30; Rev. 1:11-17, & 22:13)

**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.** (Matt. 1:21-23; Heb. 7:26-28; Acts 2:22; 1 Cor. 15:3-4; Eph. 4:90-10; 1 Thes. 4:16)

**We believe in the spiritual unity of believers in our Lord Jesus Christ.** (1 Cor. 12:12-27; Eph. 1:22-23; John 4:23-24; 1 Cor. 11:23-31; James 2:14-21)

**We believe that GOD is the creator of all life and that He clearly defines His love and restoration for all humankind in His Word, the Holy Bible.** (2 Tim. 3:16-17; 1 Thes. 2:13; 2 Peter 1:20-21; Matt. 4:4; Heb. 4:12)

## CONFIDENTIALITY:

Life Choice Pregnancy Center makes a promise to each client to keep their matters confidential. We must honor our word.

### BE VERY CAREFUL TO NEVER:

- Discuss client's problems with anyone without written consent.
- Leave files in open view.
- Leave Clinic door and front office window open.
- Violate clients' privacy with your family or friends.
- Give out client's names or info.
- Give out appointment date/time.
- Talk loudly with client or on phone.
- Discuss client info with staff or other volunteers when anyone else is near.

# CONFLICT RESOLUTION POLICY



As is the case in any organization or workplace conflict will occur for many reasons. God's Word makes it very clear that those who claim the name of Christ should handle conflict in a godly, calm manner. The aim is not so much to prove who is right, but to put conflict to rest even if we must agree to disagree.

In Mathew 18 we are given a template to follow should we experience conflict with a fellow believer. We here at Life Choice Pregnancy Center accept this Scripture as the most efficient, kind and God-honoring manner to deal with conflict. While we all like to be right, we must understand that sometimes there is no right or wrong in matters of preference or perception. Often, we will need to be willing to agree to disagree.

According to Mathew 18, one believer is to go directly to another with whom there is conflict and to make every attempt to resolve the conflict between the two persons.

If, however, the disagreement cannot be resolved, another person is to be asked to be present when the issue is restated. The third person is asked to help resolve the conflict in a manner agreeable to all, but most especially to honor Christ.

Should you have an issue arise, you are to go first to the person with whom there is conflict. If there is no satisfactory resolution, the staff (paid or volunteer) is to take it to the person of authority that is next on the Organizational Chart. For example: should a volunteer have conflict with another volunteer the first step would be to discuss the matter between the two volunteers. In no case is it ever permissible or acceptable to discuss the conflict with another volunteer or paid employee. If the two volunteers are unable to resolve the conflict the matter should be taken by the volunteer who initiated the discussion to the Volunteer Coordinator or the Executive Director. The intention of the third party will be to resolve the conflict in a calm and Biblical manner. If wrongdoing is discovered the Supervisor will take the action needed to see that corrections are made. If it is determined the conflict is a matter of preference or perception, the Supervisor may choose to encourage the two people to agree to disagree.

Likewise, should a paid employee have a disagreement he/she is not to discuss the issue with anyone other than the other party involved in the conflict. It is never permissible or acceptable for paid staff to discuss conflict with any other paid staff or volunteer.

If no resolution can be agreed upon the issue is to be brought to the next person on the Organizational Chart. For example, if a paid employee has a disagreement with his/her Supervisor and the conflict cannot be resolved, the paid employee is to go to the Supervisor's Supervisor and ask for assistance. Again, the three persons will meet for the purpose of resolving the conflict in a godly and peaceful manner. If corrections are to be made the third person will assist to determine what and how, and if no corrections need to be made, the third person will encourage those in conflict to agree to disagree.

Further, all paid employees or volunteer staff are to adhere to LCPC policy and procedure. All Policy & Procedures will be approved by and set in place by the Executive Director. All suggested changes or amendments will be cleared with the Executive Director who will then make written changes and assign the communication process to those who are best suited for this task. No Policy or Procedure is to be implemented without the approval of the Executive Director.

If a paid employee or volunteer staff disagrees with the approval of or the disapproval of a Policy or Procedure, the employee or volunteer who disagrees to is bring the matter to the Executive Director for discussion. If the employee or volunteer is not satisfied with the outcome, the issue which is in conflict will be taken to the Executive Director's Supervisor, The Chairman of the Board. It is not permissible to share complaints with other staff; paid or unpaid.

Foremost, we are all to keep in mind is that those who work in this organization in any capacity should first consider the good of the ministry, and the glorification of God as a first consideration. Should, after considering this goal there is conflict or an issue to resolve, the steps as listed above may be taken.



# INTERPERSONAL COMMITMENT AGREEMENT

**Please initial each statement and place your signature at the bottom of this document.**

- ☐ I have read Life Choice Pregnancy Center's **Conflict Resolution Policy**.
- ☐ I am completely committed to adhering to Life Choice Pregnancy Center's **Conflict Resolution Policy** and center procedures.
- ☐ My conduct shall be according to the principles of Matthew 18 regarding conflict resolution and interpersonal relationships.

**Furthermore:**

- ☐ I will accept responsibility for establishing and maintaining healthy interpersonal relationships with every member of the board, staff and volunteer team.
- ☐ I will establish and maintain a relationship of functional trust with the Board of Directors and every member of the staff and volunteer team.
- ☐ My relationships with each board member, staff and volunteer will be respectful at all times. I will not engage in the “3 Bs” (Backbiting, Bickering, Blaming). In addition, if I hear a board member, staff or volunteer doing so, I will remind him/her about our commitment to the Matthew 18 principle and I will ask him/her to follow the procedures as defined in this Conflict and Resolution policy.
- ☐ I will be committed to finding solutions to problems, rather than complaining or blaming.
- ☐ I will remember no one is perfect, and that human error provides opportunities forgiveness and growth—not for shame or guilt.

**I have read the preceding and my signature indicates my agreement to all that is written herein.**

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**Signature**

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**Date**



# LIFE CHOICE PREGNANCY CENTER

## TIME PREFERENCE SHEET

Name \_\_\_\_\_

Phone \_\_\_\_\_  
Home Office/Cell

	Current Center Hours	Day/Time Available
Monday	center hours 1 - 8 pm	shift 1 - 5 pm, 3 - 7 pm, or 4 - 8 pm
Tuesday	center hours 9 am - 4 pm	shift 9 am - 1 pm, 10 am - 2 pm, or 12 - 4 pm
Wednesday	center hours 9 am - 4 pm	shift 9 am - 1 pm, 10 am - 2 pm, or 12 - 4 pm
Thursday	center hours 9 am - 4 pm	shift 9 am - 1 pm, 10 am - 2 pm, 12 - 4 pm, or 3 - 7 pm
Friday	center hours 9 am - 4 pm	shift 9 am - 1 pm, 10 am - 2 pm, or 12 - 4 pm
Saturday	center hours 10 am - 2 pm	shift 10 am - 2pm

### Instructions:

Please circle two time slots that you prefer. Then put an asterisk by the shift you would most prefer. If your schedule permits fewer or more hours, please let us know. We will do our best to accommodate your schedule.

# REFERENCES FOR: \_\_\_\_\_

As a volunteer, we require two letters of reference. These should be from people who have known you for at least one year and who can comment on your potential as an Advocate or Volunteer. (Please, no relatives.)

If you are involved in a church, one reference should be from your pastor. If you attend a large church, you can get a reference from someone on the pastoral team who knows you well.

Give the attached reference form to the people you have listed below. Print your name at the top of each form and ask THEM to return their reference to our center as soon as possible.

## REFERENCE #1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## REFERENCE #2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## VOLUNTEER INTERESTS

Check all that apply:

- ☐ Advocate (at our Center)
- ☐ Post-Abortion Recovery
- ☐ Receptionist/Clerical
- ☐ Bulk Mailings
- ☐ Write Thank You Notes
- ☐ Sort & Organize Baby Items
- ☐ Clean and Decorate
- ☐ Handyman Repair Projects
- ☐ Haul Large Items
- ☐ Translate English/Spanish
- ☐ Fund-raising Projects
- ☐ Annual Fund-raising Gala (Oct)
- ☐ Church Liason

**NOTE: To be an Advocate, you will be required to attend a 6-session workshop and purchase the training manual for \$30.**

Please complete the entire application prior to the beginning of the Advocate Training Class.

Together you and the Volunteer Coordinator will determine how you can best be involved with the Center.

Date Ref #1 Rec'd \_\_\_\_\_ Date Ref #2 Rec'd \_\_\_\_\_



Dear Friend:

\_\_\_\_\_ has applied to become a volunteer at our center and has given your name as a reference. Kindly fill out this form and return it to us as soon as possible (address below.) Use the back of this form if we have not allowed enough space for your thoughts.

**PLEASE KNOW THAT THIS FORM IS COMPLETELY CONFIDENTIAL AND IT WILL NOT BE REVIEWED BY THE INDIVIDUAL.**

It would be most helpful to us 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. How would you rate this person's skills with interpersonal relationships?

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

Comments: \_\_\_\_\_

4. Would you say this person's life is well ordered?

☐ Very much so   ☐ Pretty much   ☐ Not really

Comments: \_\_\_\_\_

5. Does this person tend to become over-committed, starting projects with enthusiasm but quickly "fizzling out?"

☐ Yes, you described it!   ☐ No, he/she sticks with projects.

6. What evidence do you see of this person's relationship with Christ? \_\_\_\_\_

7. In your best judgment, would this person be better off serving us in a role other than working directly with clients (secretarial, fundraising, sorting baby clothes, etc.?)   ☐ YES   ☐ NO

Why? \_\_\_\_\_

8. Any other observations that might help us place this person? \_\_\_\_\_

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this to:

**Kathleen Jones - [kjones@sbpregnancychoices.com](mailto:kjones@sbpregnancychoices.com)**

Life Choice Pregnancy Center

114 E. Airport Dr, Suite 104, San Bernardino, CA 92408



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Why? \_\_\_\_\_

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Your name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this to:

**Kathleen Jones - [kjones@sbpregnancychoices.com](mailto:kjones@sbpregnancychoices.com)**

Life Choice Pregnancy Center

114 E. Airport Dr, Suite 104, San Bernardino, CA 92408