



# Volunteer Application Packet

## **MISSION:**

We believe that all human life is created by God and has infinite value. Sharing the love of Jesus Christ, we endeavor to come along side and serve women and men facing crucial decisions surrounding pregnancy and sexuality with compassion and understanding. We offer alternatives to abortion, promote sexual purity, and provide after-abortion recovery peer counseling in a safe, confidential setting.

## **STATEMENT OF PRINCIPLE:**

1. Cross Roads Pregnancy Care Center is an outreach ministry of Jesus Christ through His church.
2. Cross Roads Pregnancy Care Center recognizes the dignity of every human being and does not discriminate in providing pregnancy services to any woman because of race, creed, ethnicity, color, religion, national origin, disability, age, marital status, or sexual orientation.
3. Cross Roads Pregnancy Care Center is committed to providing its clients with accurate and complete information. Cross Roads Pregnancy Care Center denounces any form of deception in its corporate advertising or in its individual interactions with its clients.
4. Cross Roads Pregnancy Care Center is committed to assisting women to carry to term by providing emotional support and practical assistance in a non-judgment and safe environment.
5. Cross Roads Pregnancy Care Center does not recommend, provide or refer for abortion or abortifacients.
6. Cross Roads Pregnancy Care Center does not recommend, provide or refer single women for contraceptives.

7. Cross Roads Pregnancy Care Center recognizes and promotes adoption as a positive pregnancy option. However, Cross Roads Pregnancy Care Center operates independently of adoption agencies and neither initiates nor facilitates independent adoption.
8. Cross Roads Pregnancy Care Center offers assistance free of charge at all times.

**STATEMENT OF FAITH:**

- We believe the Bible to be the inspired, inerrant, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- 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.
- 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.
- 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.
- We believe in the resurrection of both the saved and the lost; they are saved unto the resurrection of life and they are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

***I agree to uphold Cross Roads Pregnancy Care Center's Mission and Statement of Principle. I also agree with Cross Roads Pregnancy Care Center's Statement of Faith.***

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Signature

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Date

# Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone	Work Phone	
Email			
Are you over 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? [Cross Roads PCC may require background checks for certain volunteer positions.] YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain.			

APPLICANT AVAILABILITY		
<p><b><u>Monday</u></b></p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<p><b><u>Wednesday</u></b></p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<p><b><u>Friday</u></b></p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<p><b><u>Tuesday</u></b></p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<p><b><u>Thursday</u></b></p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<p><b><u>Weekends</u></b></p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

EDUCATION				
High School		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES	
<i>Please list three persons, who are not related to you and who you have known for at least two years. These should be the same three people you distribute your reference forms to. At least one of these should be someone within your church</i>	
Full Name	Relationship
Years Acquainted	Phone

Email	
Full Name	Relationship
Years Acquainted	Phone
Email	
Full Name	Relationship
Years Acquainted	Phone
Email	

### PREVIOUS VOLUNTEER EXPERIENCE

*Please list most recent volunteer experience first.*

Organization	Phone		
City, State			
Responsibilities			
Dates of Service	From	To	Supervisor
Organization		Phone	
City, State			
Responsibilities			
Dates of Service	From	To	Supervisor
Organization		Phone	
City, State			
Responsibilities			
Dates of Service	From	To	Supervisor

### EMPLOYMENT HISTORY

*Please list most recent employment first.*

Employer	Phone		
City, State			
Title	Supervisor		
Responsibilities			
Dates of Service	From	To	Reason for Leaving:
Employer		Phone	
City, State			
Title	Supervisor		

Responsibilities			
Dates of Service	From	T o	Reason for Leaving:
Employer		Phone	
City, State			
Title		Supervisor	
Responsibilities			
Dates of Service	From	T o	Reason for Leaving:
<b>ADDITIONAL INFORMATION</b>			
1. What is your reason for seeking to volunteer with Cross Roads Pregnancy Care Center?			
2. Do you consider yourself a Christian?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If so, how long have you been a Christian?	
3. As a Christian, what is the basis for your salvation?			
4. Please write a brief statement about how your faith would affect your volunteer work at this center.			
5. Please provide the following information concerning your local church:			
Church		Denomination	
Address			
Phone		Pastor/Minister	
Positions in which you have served			
6. What special skills, talents, gifts, or personality traits would you bring to this ministry?			

7. What experiences have you had with a woman facing an unplanned pregnancy?

8. Under what circumstances, if any, would you consider abortion a morally acceptable alternative for a woman?

Never an option

In cases of rape or incest

Where mother's life was in extreme peril

Cases of extreme psychological distress

Other (please specify)

9. What are your feelings regarding birth control and teenagers or single adults who are sexually active?

10. In what ways have your own life experiences shaped your views and beliefs about abortion and related issues?

### APPLICANT CERTIFICATION AND AGREEMENT

**Please initial each statement and sign below:**

I certify that the facts set forth in this Volunteer Application are true and complete to the best of my knowledge and I authorize Cross Roads Pregnancy Care Center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Cross Roads Pregnancy Care 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. \_\_\_\_\_

If I become a volunteer, I agree to fully adhere to Cross Roads Pregnancy Care Center policies and rules, including those rules regarding the expression of Christianity in public schools and maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of Cross Roads Pregnancy Care Center, and I am neither seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry. \_\_\_\_\_

I affirm my personal commitment to sexual purity and agree to practice sexual abstinence outside of the bonds of marriage for the duration of my service at Cross Roads Pregnancy Care Center. \_\_\_\_\_

I certify that I have read and am in full agreement with Cross Roads Pregnancy Care Center Statement of Faith and Statement of Principle. \_\_\_\_\_

Signature

Date