



**Confidential Volunteer Application**

*Choices Pregnancy Services*  
P.O. Box 1112  
Siloam Springs, AR 72761  
(479) 549-3322  
www.choicespregnancynwa.com

**General Information:**

Name:.....Date:.....

Home Address:.....City, State: .....

Zip:..... JBU Student Box:..... Email:.....

Home Phone:.....Work Phone:.....

Date of Birth:.....

Marital Status: Single\_\_\_ Married\_\_\_ # of Years\_\_\_ Widowed\_\_\_ Divorced\_\_\_ Separated\_\_\_

Occupation:.....Employer:.....

Spouse's Name:.....Spouse's Occupation:.....

Number of Children:.....Ages:.....

Highest Level of Education Completed:.....

Previous Fields of Working Experience:.....

.....

Previous Volunteer Experience:.....

.....

.....

.....

List Gifts, Hobbies, or Areas of Interest: .....

.....

.....

**Main Center Related Information:**

How did you hear about Choices Pregnancy Services?

State briefly why you are interested in working at our center:

Briefly share your feelings towards someone considering abortion:

Towards someone considering adoption:

Towards someone considering being a single parent:

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

Do you feel comfortable presenting abstinence to clients? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, briefly describe your approach:

Have you experienced any of the following:

- |   |                 |             |
|---|-----------------|-------------|
| <input type="checkbox"/> Abortions                              | How many? ..... | When? ..... |
| <input type="checkbox"/> Miscarriages                           | How many? ..... | When? ..... |
| <input type="checkbox"/> Relinquished<br>for adoption           | How many? ..... | When? ..... |
| <input type="checkbox"/> Sexual abuse                           |                 |             |
| <input type="checkbox"/> Traumatic experience in the past year? |                 |             |

**Christian Experience:**

Do you consider yourself to be a Christian? \_\_\_Yes \_\_\_No If yes, for how long? \_\_\_\_\_

Briefly describe your salvation experience and how your life has changed since you have a personal relationship with Jesus Christ: .....

Do you spend time daily in personal prayer and/or Bible Study? \_\_\_Yes \_\_\_No

If yes, briefly describe: .....

Are you currently involved in a Bible Study? \_\_\_Yes \_\_\_No If yes, how long and what study?

Volunteering at Choice Pregnancy Services is spiritual warfare. How do you feel you will personally deal with this?

What church do you attend:.....Member? \_\_\_Yes \_\_\_No

Address:.....Phone: \_\_\_\_\_

How long have you been involved in this church? .....

A recommendation form for your pastor to fill out and mail back is part of the application process. If this is a problem for you please explain why: .....

Volunteer Availability and Interest:

How many hours can you give to Choices Pregnancy Services (minimum of 4 hours per week)?

Hours \_\_\_\_\_(per week)?

**Our office hours currently are: Mon-Thurs 10am to 5 pm & Friday 10am to 2 pm. Our boutique is opened during the same hours.**

What hours work best for you?

What days work best for you?

10 AM – 2 PM \_\_\_\_\_

1 PM – 5 PM \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Which of the following areas are you interested in (Check as many as you like.)

Choices Pregnancy Services boutique

**Volunteer:**

Counselor

Receptionist

Laundry

Sorting Clothes

Housekeeping

**Professional/Other:**

Attorney

Counselor

Social Worker

Medical Doctor

“Fix it” Projects

Nurse

Other, list: .....

**Community Contact:**

Public Relations

Fundraising

Abstinence Presentations

What hours work best for you?

Describe your use, if any, of alcoholic beverages, drugs, or cigarettes: .....

**References:** (List three people we may contact who have known you at least one year and are not related to you)

Name:..... Phone:.....

Name:..... Phone:.....

Name:..... Phone:.....

Describe your use, if any, of alcoholic beverages, drugs, or cigarettes: .....

.....



## **Statement of Faith**

1. We believe in 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.

## **Mission Statement**

To demonstrate compassion by providing support and mentoring to women, and others involved in crisis pregnancies, assisting them in making healthy life choices related to their sexuality, building strong families, which are consistent with Biblical principles.

## **Principle Statement**

To demonstrate the love, compassion, and acceptance of our Savior Jesus Christ to all who seek our services.

**Principle #1.** *Affirm commitment to the sanctity of human life in all circumstances.* The volunteer must have a good understanding of what the Bible teaches about the sanctity of human life and a firm commitment to the pro-life position even in the more difficult cases, e.g. rape, incest, suspected fatal deformity.

**Principle #2.** *The women experiencing the crisis pregnancy must be the primary focus of concern.* God creates equality for the woman and her unborn child. If the volunteer focuses primarily on the unborn child, the woman will sense it and feel that she is not important. In contrast, if the woman is the primary focus and she chooses what is truly best for her, she will choose life. This approach benefits both mother and child.

**Principle #3.** *The ability to distinguish between Biblical and cultural values.* Christians are called to uphold Biblical values but must not impose cultural values. Many of those values regarding marriage, education, parenting, and adoption are cultural values. For example, the Bible does not say “If thou art single without a college education, thou shalt place thy child in adoption.” It is important to examine all values in light of the Scripture.

**Principle #4.** *A commitment to maintain confidentiality.* If word gets out to the community that our center does not keep information about clients confidential, no one will come for its services. For this reason, it is important to remember: in such cases as child abuse, etc. the volunteer should inform the Center Director and they will assess the situation and take proper course of action.

**Principle #5.** *A commitment to sexual purity.* God will not honor those who are not honoring him. Volunteers who are involved in adultery or sexual relationships outside of marriage cannot expect God to bless their work. It is also very difficult to confront a client’s sinful behavior if the volunteer had a problem in the same area.

**I have read, understand, and agree to abide by the five essential principles of Choices Pregnancy Services as long as I am part of this ministry.**

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Volunteer Signature

Date



## Statement of Commitment

I believe I am called by God and convicted by Scripture to minister with compassion to women facing unplanned pregnancies.

I desire to be His light in darkness by speaking the truth in love.

I have read and agree with CPS Statement of Faith and Statement of Principle.

Therefore, I am committing to the ministry of Choices Pregnancy Services in the following volunteer positions.

I hereby pledge that I will:

Attend all required volunteer meetings or make arrangements to make up any meetings I am unable to attend,

Pray regularly for my part in the ministry and for the ministry as a whole.

Fellowship with other believers for encouragement and edification (This means being part of a local Christian Church).

My signature verifies that the provided information is true to the best of my knowledge.

Signature \_\_\_\_\_

Choices Pregnancy Services  
P.O. Box 1112  
Siloam Springs, AR 72761

Dear Pastor,

This recommendation form is part of the application process for Choices Pregnancy Center. We would appreciate your timely response in completing and returning this form. **Any member of the pastoral staff, that knows the applicant, may complete this form**, e.g. associate pastor, youth pastor, etc.

Please type or print clearly.

Name of Applicant:.....

Is the applicant a member of your church? ..... Yes ..... No

If yes, how long have they attended your church? .....

How long have you personally known this person? .....

To what degree is this person an example to others:

Excellent..... Good ..... Fair ..... Poor ..... Too new to say.....

What gifts or strengths do you feel this person has that could make them a valuable asset to this ministry?

.....  
.....  
.....

Would you like to have more information about our ministry? ..... Yes ..... No

Signature:..... Date:.....

Name of Church:..... Phone:.....

Address: .....

Street

City

State

Zip