



The Pregnancy Help Center of Fort Worth
7700 Camp Bowie Blvd, Suite 120
Fort Worth, TX 76116

Thank you so much for your interest in volunteer opportunities at the Pregnancy Help Center of Fort Worth.

Step 1: Please complete the attached application. You may return the application to our center at 7700 Camp Bowie Blvd W, Suite 120, Fort Worth, 76116 or email it to Janette Johnson at jjohnson@phcfw.org

Step 2: Once your application is received, we will begin our background and reference-check process. This could take several weeks to receive the necessary information.

Step 3: We will contact you to set a time to meet with Delana Brooks, Executive Director, and Janette Johnson, Client Services Director. At that point, we will discuss volunteer options and availabilities and give you a tour of the Pregnancy Help Center.

Thank you for your patience with this process.

We appreciate your prayers and support of the Pregnancy Help Center of Fort Worth.

**Pregnancy Help Center of Fort Worth
Volunteer Application**

Date of Application:_____ Date of Birth:_____

Name:_____

Last	First	Middle Initial
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Address:_____

Number & street	City	State	Zip code
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Phone #:_____ DL#_____

Email:_____ Are you over 18 years old: __Yes __No

Emergency contact(name, relationship, and phone number:_____

Have you ever been convicted of a crime? __Yes __No

If yes, please explain:

Do you speak other languages? Y / N List:

Do you have a medical license? Y/N

Type of License/Certification_____ (RN/Sonographer/RDMS)

License #: _____ State _____ Expires on: _____

CPR Certified? _____ Expires _____

Have you ever been in disciplinary action or had your license suspended or revoked in any state? Y/N If yes, please attach an explanation.

Education

1. High School:

Diploma or GED: __YES __NO

2. College and/or Vocational School:

School Name(s):_____

Degree(s) Earned:_____ (Date):_____

Additional training or degrees:_____

Previous Volunteer Experience (list most recent first)

Organization: _____

Date of volunteer service From: _____ To: _____

Telephone: _____ Supervisor: _____

Position/Duties: _____

Organization: _____

Date of volunteer service From: _____ To: _____

Telephone: _____ Supervisor: _____

Position/Duties: _____

Additional volunteer experience: _____

Employment

Current Occupation/Employer: _____

What is your work schedule _____

Adoption Information

Are you currently or have you ever been involved in seeking to adopt a child?

___Yes ___No

If yes, please

Explain: _____

Note: The staff and volunteers at the Pregnancy Help Center of Fort Worth are unable to provide private or personal adoption services. However, we are committed to supporting our clients by referring them to one of our four vetted, trusted, and reputable adoption agencies if they are interested in adoption services.

Faith

Are you a Christian? ___Yes ___No

If yes, how long have you been a Christian?

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

Please provide the following information concerning your local church.

Church Name and Denomination: _____

Pastor's name: _____ Phone number: _____

Pastor's Email: _____

Positions in which you've served: _____

The Pregnancy Help Center of Fort Worth 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 briefly describe how your faith would affect your volunteer work at this center.

Have you ever walked through a pregnancy decision with a woman or man who was considering abortion? Yes No

If yes, please share what counsel/encouragement you gave her:

Have you had or witnessed any traumatic experiences relating to abortion? Yes No

If yes, please explain how this shaped your perspective:

Has unplanned pregnancy impacted people you know? Yes No

If yes, please share what impact this has had on you:

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 (please explain):

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

Self-Assessment

How would you rate yourself in the following areas?

1. Knowledge of abortion methods: __excellent __good __fair __poor
2. Knowledge of current abortion laws: __excellent __good __fair __poor
3. Knowledge of what the bible teaches about abortion: __excellent __good __fair __poor

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

What do you consider to be your possible areas of weakness?

Are there any particular personality types with whom you have difficulty working?

References

Please list persons who are not related to you and who have known you for at least three years.

1. Name _____
Email _____
Phone _____
Years Acquainted: _____
Relationship: _____

2.Name _____
Email _____
Phone _____
Years Acquainted: _____
Relationship: _____

3.Name _____
Email _____
Phone _____
Years Acquainted: _____
Relationship: _____

How did you hear about us?

What volunteer position(s) are you interested in at the PHCFW?

- Administrative
- Technical/IT
- Social Media
- Cleaning the center (rotation throughout the year; teams of people/ life groups/friends/couples. A great way for a family to serve together.
- Nurse/RDMS to perform sonograms
- Hope Room-Sort baby supplies & help our clients as they collect items.
- Teach a class for our parent prep program
- Events (golf tournament and fall gala)
- Fundraising
- Silent Auction Support (request and gather items for our fall auction)
- Client advocate (provide options counseling to our clients)

Please don't hesitate to share any comments or information about an area you would like to serve.

What is your reason for seeking to volunteer here?

What day of the week are you available?

Are you able to serve in the morning or the afternoon?

Are you seeking to serve weekly or monthly or events only?

Positions are subject to availability and other opportunities could apply.

Applicant's Certification and Agreement

I certify that the facts outlined in this volunteer application are accurate and complete to the best of my knowledge. I authorize The Pregnancy Help Center of Fort Worth to verify their accuracy and obtain reference information concerning my character and capabilities. I release the Pregnancy Help Center of Fort Worth and any person or entity providing such reference information from any decisions made based upon 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, I agree to fully adhere to its policies and rules, including maintaining client confidentiality.

I recognize that, as a volunteer, I will serve in a different role than the pregnancy center's employees, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services I may provide for this ministry.

I agree with The Pregnancy Help Center's Statement of Faith and core values.

Signature: _____ Date: _____

Statement of Faith and Doctrinal Beliefs

We believe the Bible to be the authoritative, inerrant, infallible and sufficient revelation from God to man.

We believe in the Trinity, consisting of three persons, Father, Son, and Holy Spirit in one God.

We believe that all human beings are born with a sinful nature and that God's remedy for man's condition is entirely of grace through one's personal acceptance of the finished work of Christ.

We believe that Jesus Christ was born of a virgin, lived a sinless life, and died as our representative on the cross.

We believe that He was physically resurrected to prove the completeness of His work providing salvation for all men.

We believe that a true believer is secure in Christ and is called to live a Holy life. We believe in the church, the body of Christ, whose mission is to preach the Gospel to all the world.

CONFIDENTIALITY AGREEMENT

I understand that all **Pregnancy Help Center of Fort Worth** information could be sensitive and confidential in nature, and I promise to maintain the confidentiality of all information to which I have access. I also commit to exercise discretion in conversation within the clinic, always cognizant of the potential for someone overhearing.

I understand that personnel and patient information is to be discussed only with appropriate personnel in private areas where others may not overhear and will keep all such information in the strictest confidence, even after I am no longer associated with the pregnancy center.

I understand that clinic information of any nature is to be released only by the Executive Director, or designees, and agree not to discuss clinic business or affairs with anyone outside of the organization. I also promise to apply biblical principles to all my conversations, communications and problem-solving.

I understand that access to the clinic's databases, including medical, donor, etc., shall only be accessed for authorized reasons and only while at the **Pregnancy Help Center of Fort Worth**. I agree not to otherwise access them unless specifically authorized.

I understand that violation of this policy is serious and will require investigation by the Executive Director and possibly result in immediate termination.

Signed _____ Date _____