



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 (required) _____
Phone _____
Years Acquainted: _____
Relationship: _____

2.Name_____

Email (required)_____

Phone_____

Years Acquainted:_____

Relationship:_____

3.Name_____

Email (required)_____

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 first time parents (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:_____

Pregnancy Help Center of Fort Worth Volunteer Code of Conduct & Expectations

Thank you for choosing to serve with the Pregnancy Help Center of Fort Worth (PHCFW). Our volunteers are an important part of our ministry and help us provide a welcoming, compassionate, and professional environment for every person who walks through our doors.

As a representative of PHCFW, each volunteer is expected to conduct themselves in a manner that reflects our Christian mission and demonstrates kindness, integrity, respect, and compassion toward our clients, staff, fellow volunteers, donors, and community.

Christian Mission & Conduct

PHCFW is a Christian ministry. Volunteers are expected to respect and support the mission and values of the Center while serving.

We desire for every person who enters our Center to be treated with dignity, compassion, patience, and grace. Volunteers should refrain from judgmental, argumentative, disrespectful, or condemning language or behavior.

Prayer, Scripture, and spiritual conversations should always be offered with sensitivity and in accordance with PHCFW training and procedures.

Dress & Appearance

Because volunteers represent PHCFW to our clients and community, volunteers are expected to maintain a clean, neat, modest, and professional appearance while serving.

SHORTS ARE NOT PERMITTED while volunteering at the Center.

Clothing should provide appropriate coverage of the chest, midriff, back, and undergarments. Clothing that is excessively tight, sheer, very low-cut, or very short is not appropriate for serving at the Center.

Leggings may be worn with a top that provides appropriate coverage.

T-shirts with writing, slogans, graphics, or messages are not permitted, unless approved by Director. PHCFW T-shirts displaying the Pregnancy Help Center logo are welcome and may be worn while volunteering.

Medical Team Uniform Policy

Medical team members (RN/RDMS) are required to wear appropriate scrub uniforms during training sessions and service duties to maintain a professional appearance and uphold clinical standards.

Confidentiality & Client Privacy

Protecting our clients' privacy is extremely important.

Volunteers must maintain confidentiality regarding all client information learned through their service at PHCFW. Client names, circumstances, conversations, pregnancy information, ultrasound information, photographs, or other identifying information should never be discussed outside of the appropriate PHCFW setting.

Volunteers may not photograph clients, documents, computer screens, ultrasound images, or other confidential information.

Client stories or information should never be shared on personal social media accounts, even when a client's name is omitted, unless PHCFW has specifically authorized the information for public use.

Confidentiality continues even after a volunteer is no longer serving with PHCFW.

Client Relationships & Boundaries

Our clients may be experiencing difficult or vulnerable circumstances. Healthy boundaries protect both our clients and our volunteers.

Volunteers should serve within the responsibilities and training provided by PHCFW. Volunteers should not provide medical, legal, financial, or professional counseling advice unless specifically qualified and authorized by PHCFW to do so.

Personal relationships with clients outside the Center should be handled carefully. Volunteers should consult a staff member before giving clients personal money, significant gifts, transportation, personal contact information, or connecting with clients through personal social media.

Any unusual request or situation should be referred to a staff member.

Respectful Communication

Volunteers are expected to communicate respectfully with clients, staff members, other volunteers, donors, and visitors.

Gossip, inappropriate jokes or comments, profanity, bullying, harassment, discriminatory behavior, or disrespectful treatment of others is not acceptable.

Concerns involving another volunteer, staff member, or client should be brought directly to the appropriate staff member rather than discussed with others who are not involved.

Phones, Photos & Social Media

Personal phone use should be limited while volunteering, particularly when serving or interacting with clients.

Photos or videos should not be taken inside client areas without staff approval.

Volunteers should never post confidential or identifying information about clients on social media.

When posting about PHCFW personally, volunteers should remember that their words and images may be associated with the Center and should represent the ministry appropriately.

Attendance & Reliability

Our staff and clients depend on our volunteers.

Volunteers should arrive on time and be prepared to serve during their scheduled shift. If you are unable to serve as scheduled, please notify the appropriate staff member as soon as possible.

Repeated absences or difficulty fulfilling scheduled commitments may result in a conversation about whether a different volunteer schedule or position would be more appropriate.

Safety & Security

Volunteers are expected to follow PHCFW safety, security, and emergency procedures.

Do not allow unauthorized individuals into restricted areas or provide access to client or staff-only areas.

Any suspicious behavior, threat, safety concern, accident, or emergency should be reported to a staff member immediately.

Children, Guests & Visitors

Because of client confidentiality, safety, and the professional environment of the Center, volunteers should receive staff approval before bringing children, friends, family members, or other guests with them while volunteering.

Center Property & Donations

PHCFW property, equipment, computers, supplies, donated items, boutique items, diapers, clothing, food, and other resources are intended for ministry purposes.

Volunteers should not remove Center property or donated items for personal use without staff authorization.

Solicitation & Personal Business

Relationships developed through PHCFW should not be used to promote or sell personal products or services, solicit clients or donors for outside organizations, or conduct personal business while volunteering.

PHCFW should also remain focused on its ministry mission rather than partisan political activity. Volunteers should not campaign for political candidates or political parties while representing or serving at the Center.

Reporting Concerns

If you become aware of a confidentiality concern, inappropriate conduct, safety issue, suspected abuse, policy violation, or other situation that concerns you, please notify a PHCFW staff member promptly.

We would rather have you ask about a situation than feel that you must handle it alone.

Volunteer Acknowledgment

Volunteer Service

PHCFW desires for volunteering to be a positive and meaningful experience.

When concerns arise, staff will seek to address them through conversation, clarification, additional training, or reassignment when appropriate.

PHCFW reserves the right to suspend or discontinue a volunteer's service when necessary to protect our clients, staff, volunteers, ministry, or mission.

I have read and understand the Pregnancy Help Center of Fort Worth Volunteer Code of Conduct & Expectations. I understand that while serving as a volunteer, I represent PHCFW and agree to follow these expectations and applicable Center policies.

I understand the importance of protecting client confidentiality, maintaining appropriate boundaries, and representing the Christian mission and values of the Pregnancy Help Center of Fort Worth while serving.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

PHCFW Representative: _____

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_____