



227 W. Irvine Street
Richmond, KY 40475
859-624-3942
www.madisonphc.org

Thank you for your interest in volunteering at Pregnancy Help Center (PHC). Our volunteers are a vital part of the work we do and are involved in every aspect of our mission. I love to see the way God works through each person He calls to PHC and look forward to getting to know as we learn how we might serve God together at PHC.

There are many ways to volunteer at PHC. Completing a volunteer application is the first step in becoming a volunteer. The application process includes:

- ❖ Biographical Form
- ❖ Confidentiality Agreement
- ❖ Authorization to Photograph and Video
- ❖ Volunteer Waiver Form
- ❖ Statement of Faith
- ❖ Pastor Reference: In the application you will fill in the Church, pastor's name, address, and phone number that you will be using as your reference. We will contact them on your behalf so please let them know to expect a letter and/or phone call from us.

Once I have received your completed application, and your pastor reference has been returned to us, we will set up an information interview where we will discuss your application and the opportunities available for service at PHC. After the interview, you may be invited to go through volunteer training. This can take various forms and different lengths of time depending on the area(s) in which you will serve. We look forward to receiving your application and meeting you soon!

Blessings, in Christ,

A handwritten signature in black ink that reads 'Sarah'.

Sarah Roof
Executive Director
sroof@madisonphc.org



Volunteer Application
"Because volunteers make a difference."

Date of application: _____ Date of Birth: _____

Name: _____

Address: _____

City _____ State _____ Zip Code _____

E-mail Address: _____

Day Time Phone: _____ Cell Phone: _____ Okay to text? YES NO

Have you ever been convicted of a crime? YES NO If yes, please explain: _____

Employer/Occupation: _____

Field of Study (if a student): _____

Church Affiliation: _____ Pastor's Name: _____

Address: _____ Phone/Email: _____

Marital Status: _____ Spouse's Name: _____

Name and Ages of Children: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Do you have any health limitation that could affect your volunteer work? YES NO

If yes, please explain: _____

Have you volunteered with a pregnancy center before? YES NO

If yes, please describe your service: _____

Previous Volunteer History _____

Do you consider yourself a Christian? YES NO If yes, how long have you been a Christian? _____

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

PHC 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 our community. Please write a brief statement about how your faith would affect your volunteer work at PHC.

Blank lines for writing a statement about faith and volunteer work.



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How did you hear about PHC?

- Friend/Family, Employer, Online, Print Media, Church, Other (please explain)

Why do you want to volunteer at PHC? (please, check one)

Personal reason

Please explain:

Community Service

What is the nature of your community service?

How many hours do you need? By what date must you complete these hours?

School requirement

School/Course:

How many hours do you need? By what date must you complete these hours?

Ongoing Volunteer Needs

Check the general areas in which you are interested in volunteering. Your specific area(s) of service will be determined when after your interview. Each area of service will require training and time commitments that will be discussed in your initial interview.

- Church Ambassador, Office Assistant, Committee Members, Client Mentor*, Public Relations/Speaking, Facility Beautification/Work Crew, Baby Boutique Assistant, Assistant Receptionist*
*requires significant training and time commitment

Do you have any specific skills that would assist you in volunteering?

- Counseling experience, Administrative experience, Public speaking, Computer experience, Landscaping, Photography, Special events, Writing, Other:

Please describe your special skills:

When are you available to volunteer? (PHC is open from 9-4, Tuesdays-Thursdays).

Tuesday, times: Wednesday, times: Thursday, times:

Can you make a commitment to serve: weekly? monthly? periodically? (for special events)



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The following forms are attached.

- Confidentiality Agreement
- Authorization to Photograph and Video
- Volunteer Waiver Form
- Statement of Faith

To finalize your application, a pastor's reference is necessary. Be sure to include contact information on your application and we will contact them on your behalf.

Each form **must** be filled out and returned before an initial interview can be scheduled. Return forms by mail or email and then contact PHC to schedule an initial interview:

Pregnancy Help Center
227 W. Irvine Street
Richmond, KY 40475
sroof@madisonphc.org

For questions, contact Sarah Roof by phone: 859-624-3942 or email sroof@madisonphc.org.



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PHC CONFIDENTIALITY AGREEMENT

I understand that all PHC 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 PHC, always cognizant of the potential for someone overhearing.

I understand that personnel and client 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 PHC.

I agree not to discuss PHC business 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 violation of this policy is serious and will require investigation by the Executive Director and possibly result in immediate termination.

Applicant Signature

Date



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Authorization to Photograph and Video

I, _____, hereby grant permission for my likeness/picture to be used for the sake of the Pregnancy Help Center use only. I understand that the photo/video taken/filmed will be used in printed materials and/or presentations to promote Pregnancy Help Center on their website, Facebook and in other promotions. I understand that the purpose of having my picture/likeness used in photos/videos is for the sole purpose of better informing the public of Pregnancy Help Center services through visual art.

Applicant Signature

Date



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"Because volunteers make a difference."

Volunteer Waiver Form

- I, _____, agree that I will be working with Pregnancy Help Center on a voluntary, non-paid basis.
- I agree not to hold the Pregnancy Help Center liable for any injuries or damages that may incur while acting as a volunteer.
- I realize that I am responsible for my own safety and that Pregnancy Help Center is not responsible for any negligence on my part.
- I attest that the information on the Volunteer Application is true to the best of my knowledge and give permission for Pregnancy Help Center to verify its authenticity.
- I understand the volunteer opportunities available and am able to perform these duties.
- I understand that filling out this application does not guarantee volunteer placement.
- I agree to the Confidentiality Clause, Authorization to Photograph and Video, as well as the Statement of Faith forms.
- I understand that I am not allowed to make any public statement about Pregnancy Help Center.
- I understand that appropriate attire is expected for all PHC volunteers. Modest dress is required so please **no** shorts or skirts above the knee, low cut, tight or revealing clothing, etc. All tops must have sleeves; no tank tops or sleeveless tops.

Applicant Signature

Date



Volunteer Application
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*Statement of Faith**

- We believe the Bible to be the inspired, the only infallible, 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 that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.
- We believe that marriage was instituted by God as a picture of His love for His church with the intent that it would be a life-long heterosexual union between one woman and one man, to the exclusion of any other person, without separation or divorce, resulting in mutual spiritual, emotional and physical intimacy. We also believe that sexual practice and intimacy are reserved in God's plan to this expression of marriage alone. (1 Corinthians 7:3-5; 7:10-11; Genesis 2:24; Hebrews 13:4).
- We believe that God created human life to begin at conception and end at death; and that each human being, no matter their age, appearance, physical or mental challenges, race, born or unborn, to be of priceless value and of great worth. (John 3:16; Psalm 139:13-14).

**Sections 1-7 adopted from the National Association of Evangelical's Statement of Faith; sections 8 and 9 adopted from the Family Life Radio Statement of Faith.*

I am in agreement with PHC's Statement of Faith and agree to serve in a manner affirming these beliefs.

Applicant Signature

Date