

LIFELINE PREGNANCY CARE CENTER VOLUNTEER APPLICATION

This application is to be completed by all volunteer applicants within the Lifeline Pregnancy Care Center ministry. It is being used to provide a safe and secure environment for those clients and their children who participate in our programs and frequent our facilities as well as protecting the process of ministry. Please provide correct and adequate answers for the following questions and write clearly.

Date: _____, 20____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Cell phone: _____

Sex: Male _____ Female _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Widow/er

Name of Spouse, if applicable: _____

Ages of/Number of Children: _____

Is your spouse supportive of your decision to work/volunteer with the ministry of Lifeline PCC? Y or N

Present Employer: _____

Can we call you at work? Y or N Work Phone Number: _____

Name of your church: _____

Pastor's Name: _____ Phone Number: _____

Are you a born again Christian? Y or N When did you accept Christ? _____

Have you been baptized? Y or N Where? _____ Year _____

Do you believe:

In the virgin birth and deity of our Lord Jesus Christ? Y or N

That Jesus is God's Son and only sacrifice for sin? Y or N

That man must be born again to receive eternal life? Y or N

In the eternal reward for the believer (Heaven)? Y or N

In the eternal damnation of the lost (Hell)? Y or N

The infallibility of scripture? Y or N

In the baptism of water? Y or N

That Jesus Christ rose bodily from the dead? Y or N

In the second coming of Jesus Christ? Y or N

List the name and address of other churches you have attended regularly during the last 5 years:

List any gifts, callings, trainings, education, or other factors that have prepared you for ministry:

Have you ever led a person to Christ? Y or N

Have you been involved with a pregnancy care center ministry prior to now? Y or N

If yes, where? _____

Why do you wish to be involved with ministry at Lifeline Pregnancy Care Center? _____

As I serve in ministry for Lifeline... I agree to:

- Live a life pleasing to and in reverence of God
- Present Christ to the lost
- Be faithful to regular church attendance and giving to my church
- Share in love that which needs attention in the life of a fellow believer in ministry
- Conduct myself in a Christian manner at all times
- Listen to other's points of view
- Pray regularly for the ministry
- Keep confidential that which is discussed

I have read the above qualifications and pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above qualifications is grounds for dismissal.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

In connection with my application for a volunteer position with Lifeline Pregnancy Care Center, I authorize LPCC and/or their agent, to solicit background information relative to my criminal record history. I understand that LPCC may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by LPCC for purposes of obtaining background report information, to furnish the above-mentioned information.

I release Lifeline Pregnancy Care Center, their respective employees or their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

PLEASE PRINT.

Requested by: _____

Last name: _____ First name: _____ MI: _____

Date of Birth: _____ City of Birth: _____

County: _____ State: _____

AKA/Maiden Name: _____ Social Security No. _____ - _____ - _____

Please note: If your address is a rural route or PO Box, we must have City and County to which mail was delivered.

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Months/years at this address: _____

Previous Address: _____

City: _____ County: _____ State: _____ Zip: _____

Months/years at this address: _____

Previous Address: _____

City: _____ County: _____ State: _____ Zip: _____

Months/years at this address: _____

Signature _____ Date: _____

Please provide two personal references, not including former employers or relatives:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Statement by Applicant:

The information contained in this application is correct to the best of my knowledge. I authorize references or churches listed in this application to give any information regarding my character and fitness for serving in the ministry of Lifeline Pregnancy Care Center. I release all such references from liability for any damage that may result from furnishing evaluations to you, and I waive any right that I have to inspect the references provided on my behalf.

Should my references be accepted, I agree to be bound by the policies and procedures of Lifeline Pregnancy Care Center and its ministry departments. I also agree to refrain from unscriptural conduct in the performance of my services on behalf of the ministry.

Applicant's Signature: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE. -----

Date of background check: _____ Result: Pass or Fail

References called: Y or N

Notes from References:
