



Hello,

The ministry of New Hope Pregnancy Care Center is first and foremost about people's lives – from the young woman who is overwhelmed when she hears she is pregnant, to the boyfriend who is surprised, parents who will hear the shocking news later, to . . . the growing child in its mother's womb, to – and most importantly – each one's eternal life in Jesus Christ!

People are why we are here. We share the love of God and the truth of life – with people. So, what do we need most to reach them? People, of course. New Hope needs individuals who love God and have a heart for those who come through our doors – and a desire to change the culture around us.

You may be exactly who we need. Whether your gifts lie in administrative work, connecting with clients, organization or resource development – chances are we have a place where you can serve. Some of us are at a point in life where it is time to get involved in a new enterprise, a new ministry. Others are retired and ready to launch into a new endeavor. Maybe you are simply saying, "I need to get involved – somewhere." Perhaps New Hope is the place.

If this is your time to take on a new role in changing the world around you by impacting lives in a powerful way, we would love to talk with you further. There's no pressure here. We will show you around, discuss your options and see if there is a fit that works for you. If you don't see a place for your talents, you've gained by seeing New Hope up close. If you do see the right place to serve here, you will have a new place where God can work through you to literally change and save lives. Interested? I hope so.

We offer a certificated Crisis Pregnancy coaching program accredited by the American Association of Christian Counselors and Light University for everyone interested in directly working with clients. We have hands on training with seasoned staff to prepare you to serve as you feel God is calling. You don't have to wait for a group class, either, you can begin as soon as you like by setting up training times in our office according to your schedule. All we ask is if you are interested in training to be a Crisis Pregnancy Coach that you purchase your educational materials. The cost is \$49 and will provide a manual that is yours to keep along with the testing sheets for the certification. If finances prohibit you from being able to purchase the materials please talk with us about a training scholarship.

We are extending our services over the next few years and need a lot of help to meet the additional need. New Hope Pregnancy Care Center has an exciting future ahead of us and we would love for you to play a key role in our success. Together we can make a difference – one life at a time!

Joyfully serving,

**Tracie Shellhouse, MBC, LAS
Chief Executive Officer**



VOLUNTEER INTEREST SURVEY

Volunteer's Name: _____ Affiliation Church/School _____

Phone Number: _____ Best Time to Call: _____ Service hours needed? _____

Email Address: _____ Bilingual? _____ Languages: _____

I am interested in the following:

- Hope Chest Attendant (Straighten items. Assist clients in exchanging Baby Bucks for items.)
- Facility upkeep Yard work Cleaning Painting Plumbing HVAC Electrical
 Replacing light bulbs General repairs
- Washing or mending baby items for the Hope Chest
- Bundling diapers according to NH number guidelines
- Organizing items in the storage room
- Church liaison for events Church: _____ (More than 1 per church appreciated)
- Baby Bottle Boomerang (Pick up a bottles) at New Hope, fill it with change and return it.)
- Deliver Baby Bottles and flyers to Churches, schools, etc.
- Collecting new and gently used baby items from my church, organization or neighborhood
- Helping fold and stuff envelopes for mail-outs
- Donate office supplies
- Helping with special projects as needed and when available (Example: Walk for Life, workdays,)
- Distributing "Are You Pregnant?" cards in public areas such as restrooms, restaurants, & schools

When would your schedule allow you to volunteer? (List all possible days/times.) _____

Other volunteer opportunities that require a more detailed application with a commitment of regular basis include:

- Counseling clients (training required and one year commitment; must be 21 or older)
- Mentoring DADS through Fatherhood Fraternity
- Interpreter Translator (of written materials)
- Receptionist (Must be 18 or older)
- Data entry of client information

New Hope Pregnancy Care Center Service Hour Volunteer Application Form

Name _____ Date _____

Phone:(Home) _____ (Cell) _____ (Work) _____

Address: _____

City _____ State _____ ZIP: _____

Service hours needed? ____ How many? ____ For what school/organization? _____

E-mail _____ Birthday _____

Marital status: _____ Spouse's name _____

Level of Education Completed/Degrees Earned _____

Current Occupation/School _____

Church attended _____ How long? _____

Have you ever been convicted of a crime? ____ Yes ____ No

Spoken languages: _____

Interests/Hobbies/Skills: _____

Do you have any comments or concerns about your interest in New Hope Pregnancy Care Center? _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities.

If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those relating to maintaining client confidentiality.

I have read and am in full agreement with the pregnancy center's Statement of Faith, Statement of Principle, Statement of Biblical Authority, and Statement on Marriage, Gender and Sexuality.

I will keep all information concerning NHPCC clients in the strictest confidence. I will continue to keep the information confidential even after I am no longer a volunteer for NHPCC.

Signature of Applicant _____ Date _____

Thank you for taking the time to complete this application.

Mission Statement

New Hope Pregnancy Care Center empowers those affected by unplanned pregnancy in the Bradley County area to make life-affirming decisions by providing help, hope and accurate information through free, confidential services and community education.

New Hope Pregnancy Care Center 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 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.

Adapted from the National Association of Evangelical's Statement of Faith

Statement of Biblical Authority

The statement of faith does not exhaust the extent of our faith. The Bible itself is the sole and final source of all that we believe as interpreted and applied by our governing Board. We believe the Bible to be the inspired, infallible Word of God and is final authority concerning morality and conduct of mankind.

Statement of Sanctity of Human Life

We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including all pre-born babies, the aged, the physically or mentally challenged and every other stage or condition from conception through natural death. We are therefore called to defend, protect and value all human life.

New Hope Pregnancy Care Center Statement of Principle

- I. The New Hope Pregnancy Care Center (NHPCC) is a ministry of Jesus Christ through His church. Therefore, New Hope embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies--both in word and in deed. Commensurate with this purpose, those who labor as New Hope board members, staff and volunteers are expected to know Jesus Christ as their Savior and Lord.**
- II. NHPCC is committed to integrity in dealing with clients, earning their trust and providing promised information and services. New Hope denounces any form of deception in its corporate advertising or individual conversations with its clients.**
- III. NHPCC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.**
- IV. NHPCC is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope and plan constructively for themselves and their babies.**
- V. NHPCC does not discriminate in providing services because of race, creed, color, national origin, age, of marital status of its clients.**
- VI. NHPCC does not recommend, provide, or refer for abortion or abortifacients.**
- VII. NHPCC offers assistance free of charge at all times.**
- VIII. NHPCC is committed to creating awareness within the local community of the needs of pregnant women and of the fact that abortion only compounds human need rather than resolving it.**
- IX. NHPCC does not recommend, provide, or refer single women for contraceptives. (Married women seeking contraceptive information should be urged to seek counsel along with their husbands, from their pastor and physician.)**
- X. NHPCC recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. New Hope is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. New Hope receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of the center. New Hope neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.**

Statement on Marriage, Gender and Sexuality

We believe that term “marriage” has only one meaning and that is marriage sanctioned by God which joins one man and one woman in a single, exclusive union, as delineated in Scripture. We believe that God intends sexual intimacy to only occur between a man and a woman who are married to each other. We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. We believe that any form of sexual immorality, such as adultery, fornication, homosexuality, bisexual conduct, bestiality, incest, pornography or any attempt to change one’s gender, or disagreement with one’s biological gender, is sinful and offensive to God. (Gen. 1:26-27, 2:18-25; Ex. 20-14, 16, 22:18; Lev. 18:22-23, 20:13, 15-16; Deut. 22:5; Matt. 15:16-20, 19:4-6, 9; Rom. 1:26-31; I Cor. 6:9-10, 15-20; Phil. 2:14-16; Heb. 13:4; I Tim. 1:8-11; Jude 7) We believe that in order to preserve the function and integrity of the purposes and mission of our organization, and to provide a biblical role model to the clients we serve and members and the community, it is imperative that all persons employed by the organization in any capacity, or who serve as volunteers, should abide by and agree to this Statement on Marriage, Gender and Sexuality and conduct themselves accordingly. We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. We believe that every person must be afforded compassion, love, kindness, respect, and dignity. Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with scripture nor the mission of this organization.

I, _____, hereby release and relieve New Hope Pregnancy Care Center (NHPCC) its staff, board members, and event sponsors, from any corporate, institutional or personal liability for any personal injury or damage to property that may result from my voluntary participation with NHPCC.

I realize that I am volunteering freely and on my own accord, without expectation of payment or reimbursement of any kind, and take full responsibility for my own safety and that of anyone in my care. I also understand that as a volunteer for NHPCC, I will uphold a certain level of respect and professionalism while conducting the activities I have been assigned.

In the event of personal injury or property damage, I will take no action against NHPCC, its staff, board members and/or event sponsors, nor will any demand be made for reimbursement of expenses incurred for the treatment of personal injuries or repair of property damages. In addition, while participating in public events regarding the NHPCC, I understand that my presence within photographs may appear on the NHPCC's website, in the media, or in promotional materials used for the benefit of the NHPCC and its mission.

If at any time I feel uncomfortable regarding my involvement with the NHPCC, I will seek guidance from staff. I understand that I may withdraw myself from volunteer status with the NHPCC at any time.

Volunteer Signature _____ Date _____

New Hope Staff Signature _____ Date _____

If volunteer is under 18 years of age, parent or guardian must also read and sign the following:

I, _____, hereby release and relieve New Hope Pregnancy Care Center (NHPCC) its staff, board members, and event sponsors, from any corporate, institutional or personal liability for any personal injury or damage to property that may result from my voluntary participation with NHPCC.

I realize that I am volunteering freely and on my own accord, without expectation of payment or reimbursement of any kind, and take full responsibility for my own safety and that of anyone in my care. I also understand that as a volunteer for NHPCC, I will uphold a certain level of respect and professionalism while conducting the activities I have been assigned.

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If at any time I feel uncomfortable regarding my involvement with the NHPCC, I will seek guidance from staff. I understand that I may withdraw myself from volunteer status with the NHPCC at any time.

Volunteer Signature _____ Date _____

New Hope Staff Signature _____ Date _____

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by myself and the minor volunteer. I hereby consent and authorize the Minor to act as a volunteer of New Hope PCC. I agree and understand that the Minor must comply with the rules and regulations established by New Hope PCC and failure to do so may result in the Minor's immediate removal as a volunteer. I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in by signing my signature below, I do release and indemnify, defend and hold blameless, New Hope PCC from and against any and all claims, actions, suits, or proceedings of any kind or nature arising as a result of the actions of my child. I also release the officers, staff, and Board of Directors of New Hope PCC, without limitations, from damages, liabilities, penalties, costs, expenses, legal fees, and claims. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore. My signature below also indicates that I am the parent/guardian of the minor volunteer.

Parent/GuardianSignature _____ Date _____

Parent's Printed Name _____

Emergency Contacts:

Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Address: _____

Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Address: _____

Volunteer Signature _____ Date _____

New Hope Staff Signature _____ Date _____

Parent/GuardianSignature _____ Date _____

Parent's Printed Name _____