



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, to 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 still 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 also 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 needs. 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

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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

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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

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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.**

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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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In the event of personal injury or property damage, I will take no action against NHPCC, its staffboard 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 read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Parent/Guardian Signature _____ Date _____

Parent's Printed Name _____

Emergency Contacts:

Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Address: _____

Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Address: _____

AUTHORIZATION FOR CONSUMER REPORTS

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Datasource, Inc ("Agency"), 1200 South Outer Road, Blue Springs, MO 64015, telephone number (877) 577-3832, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.datasourcecorp.com

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services), or application to rent a dwelling with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: _____

Dated: _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Full Name: _____

Signature: _____

Date: _____

APPLICANT/EMPLOYEE:					
Printed Full Name: _____					
	(First)	(Middle)		(Last)	
Alias/Maiden Name(s): _____					
Social Security Number: _____			Date of Birth: _____		
Driver's License Number: _____			State of Issuance: _____		
Email: _____			Phone: _____		
(List all addresses during the past 7 years)					
Current: _____					
	(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____					
	(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____					
	(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____					
	(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____					
	(Street)	(City)	(State)	(Zip)	(Dates)

