



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 certified 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





5. How has your life changed since your personal relationship with Jesus Christ began?

6. What church do you attend? \_\_\_\_\_

Pastor's Name \_\_\_\_\_

How long have you been involved at your church? \_\_\_\_\_ Describe positions you have held or service you have performed within the church, currently or in the past.

7. Have you served as a lay counselor or volunteer with any other ministry or organization? \_\_\_No \_\_\_Yes.  
If yes, list the organization and your area(s) of service.

8. Is your spouse and/or family supportive of your involvement with New Hope? \_\_\_\_\_Yes \_\_\_\_\_No

9. What special gifts, talents or personality traits do you bring to this ministry?

10. List what you feel are some of your strengths and some possible weaknesses.



19. Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?

Never an option \_\_\_\_\_ Deformity of the child \_\_\_\_\_ In cases of rape/incest \_\_\_\_\_

Save life of the mother \_\_\_\_\_ Other (list) \_\_\_\_\_

20. How would you rate yourself in the following areas?

Knowledge of abortions methods \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Knowledge of current abortion laws \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Knowledge of what the Bible teaches about abortion \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

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

## Personal References

We would like to contact the pastor whose name you listed on page 2. Give **complete information**, please.

Church \_\_\_\_\_

Pastor/Pastoral Staff Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Note: Some churches use a post office box number instead of a street address for mail. This results in references being returned to us. Please check for accuracy.

In addition, please list persons who are not related to you and who have known you for at least two years. Give **complete information**, please.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

## 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 and Statement of Principle.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for taking the time to complete this application.*

### ~~FOR OFFICE USE~~

References: #1 Mailed \_\_\_\_\_ Received \_\_\_\_\_ #2 Mailed \_\_\_\_\_ Received \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewed by \_\_\_\_\_

COMMENTS:

Starting Date: \_\_\_\_\_

Details: \_\_\_\_\_

Training Date: \_\_\_\_\_ Training Curriculum: \_\_\_\_\_

Date Left Center: \_\_\_\_\_

Details: \_\_\_\_\_



# New Hope Pregnancy Care Center

## Volunteer Agreement

Recognizing that New Hope Pregnancy Care Center (NHPCC) is a Christian ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read the NHPCC *Statement of Faith*, and I am in complete agreement with all statements in it.

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for any woman facing a pregnancy. I will at no time participate in any action which results in the destruction of innocent human life.

I believe in chastity outside of marriage and in the sanctity of marriage as taught in the Bible. Therefore, I commit to a lifestyle of sexual purity.

I accept the responsibility to act as advocate on behalf of the women under my care, to give accurate information, emotional support, and spiritual guidance.

**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.**

Understanding the vital role volunteers play in the work of NHPCC, I commit myself to faithfully serve on a regular basis. Additionally, I agree to attend volunteer meetings and in-service training.

I have read, understand, and agree with the NHPCC *Statement of Principle* and *Statement of Faith* and will uphold it at all times, as well as all policies and procedures established by the Board of Directors and Executive Director of New Hope Pregnancy Care Center.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Hope Representative

\_\_\_\_\_  
Date

## 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

- I. WE BELIEVE the Bible to be the inspired, the only infallible, authoritative Word of God.
- I. WE BELIEVE that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- I. 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.
- I. 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.
- I. 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.
- I. 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.
- I. 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:**

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 \_\_\_\_\_

Parent/GuardianSignature \_\_\_\_\_ 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](http://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 5<sup>th</sup> 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: \_\_\_\_\_

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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)

## Parental/Guardian Consent for Minor Background Check

\*This form must be completed by a parent or legal guardian and returned with a completed application\*  
 \*No minor will under-go a criminal background check without this signed consent form.\*

A minor, \_\_\_\_\_, is applying for employment or volunteering with *Organization Name*. The employment/volunteer process includes a criminal background check through Camp Background Checks. As the parent or legal guardian of the above-referenced minor, I understand the purposes of these pre-employment/volunteer checks and hereby provide my consent for the background check.

You have the right, upon written request made within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any consumer report. You also may request a copy of that report from the Company. If anyone other than the Agency furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Agency via interviews with past employers, neighbors, friends or associates. The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature of Parent or Legal Guardian:

\_\_\_\_\_

Print Name: Relationship to Minor:

\_\_\_\_\_

Signature of Minor Applying For Employment:

\_\_\_\_\_

Date: \_\_\_\_\_