



Hello,

The ministry of New Hope Pregnancy Care Center is first and foremost about people's lives. We invest in the young woman who is overwhelmed when she hears she is pregnant. We care about the surprised boyfriend. We pray for the parents who will hear the shocking news. Most importantly, we want them to know the life-saving grace of 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 fundraising – we may have a place where you can serve. Some are at a point in life where it is time to get involved in a new enterprise, a new ministry, a new calling, or perhaps the fulfillment of a call that was made long ago. No matter why you find yourself at this place, we're honored you thought of us.

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 volunteer opportunities and see if there is a fit for you. No matter what, you've still gained by seeing New Hope up close, and we have gained by meeting you.

For everyone interested in being a Client Advocate (direct client contact), we offer training as a Pregnancy Decision Coach. This comprehensive training is provided by CareNet and taught on site quarterly by our trained staff. There is a one time cost of \$35 for materials and training. We also ask anyone interested in training to be a regular volunteer (not service hours or special projects) to cover the \$17 cost of a criminal background check, which is required by our professional liability insurance coverage.

God is always working at New Hope to refine our services and meet the needs of those He sends our way. That often means we need someone God has specifically placed here for "such a time as this." That could be you. We'd love to find out. Thank you for your interest in serving God and the people of this community. We look forward to hearing back from you.

Sincerely,

Beth Henderson, LAS, SRAS
Chief Executive Officer



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 Evangelicals' 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 the 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, or 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 the 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.



VOLUNTEER INTEREST SURVEY

Volunteer's Name: _____ Affiliation Church/School _____

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

Email Address: _____ Bilingual? _____ Languages: _____

When would you be available? (List all possible days/times Mon.-Thurs. 9-5) _____

I am interested in the following:

- _____ Hope Chest Attendant (Straighten items and assist clients in exchanging Baby Bucks for items.)
- _____ Facility upkeep _____ Yard work _____ Cleaning _____ Painting _____ Plumbing _____ HVAC _____ Electrical
 _____ Replacing light bulbs _____ General repairs
- _____ Organizing donated baby clothing by season, sex, size and sanitizing baby equipment
- _____ Bundling diapers according to NH number guidelines
- _____ Organizing, copying, compiling packets of materials
- _____ Church liaison for events Church: _____ (More than 1 per church appreciated)
- _____ Baby Bottle Boomerang (Pick up bottles, distribute, and return them filled with change.)
- _____ Deliver Baby Bottles and flyers to churches, schools, etc.
- _____ Collecting new and gently used baby items from your church, organization or neighborhood
- _____ Helping fold and stuff envelopes for mail-outs
- _____ Helping with special projects as needed and when available (Example: Walk for Life set up, activities and , clean up, Workdays on a Saturday, Spring Banquet server, etc.)

Other volunteer opportunities that require the more detailed application, a background check, training and a commitment of one year on a regular basis include:

- _____ Client Advocate-mentoring/coaching clients (must be 21 or older)
- _____ Interpreter _____ Translator (of written materials); must be 21 or older
- _____ Receptionist (must be 18 or older)
- _____ Data entry of client information (must be 21 or older)
- _____ Ultrasound Witness to assist Medical Team (must be 21 or older)
- _____ Licensed Nurse to assist Medical Team (must be 21 or older)
- _____ Mentoring DADS through Fatherhood Fraternity/Man 2 Man (must be 21 or older)



New Hope Pregnancy Care Center Volunteer Application Form

Name _____ Date _____

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

Address: _____ City _____ State _____ ZIP: _____

E-mail _____ Service hours needed? _____ How many? _____

Birthday _____ Marital Status: _____ Spouse's name _____

Volunteer or work history in past ten years? _____

Level of Education Completed/Degrees Earned _____

Current Occupation/School _____ Church attended _____

Have you ever been convicted of a crime? ____ Yes ____ No Spoken languages: _____

****Please use back of form if you need more space****

1. How did you learn of New Hope Pregnancy Care Center?
2. Briefly explain why you would like to participate in the ministries of New Hope Pregnancy Care Center.
3. Do you consider yourself a Christian? ____ Yes ____ No If Yes, what does it mean to be a Christian?



4. How long have you been a Christian? _____ Please give a brief statement (testimony) about how you came to know Christ as your personal Lord and Savior.

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.

11. List (if any) personality types with which you might encounter conflict?

12. How do you resolve conflict/disagreement?

13. Have you ever counseled a woman who was considering an abortion? _____ Yes _____ No Please explain.

14. Have you had any traumatic experiences related to abortion? _____ Yes _____ No Please explain.
(_____ Check here if you would prefer to speak confidentially with the Client Services Manager or Executive Director concerning this question.)

15. Have you ever known an unwed mother? _____ Yes _____ No Please explain.

16. How do you feel about a woman single parenting? . . . placing her baby for adoption?
17. When do you feel sexual intercourse is morally permissible?
18. What are your feelings regarding the use of birth control by teenagers or adults who are single and sexually active?
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 previously. Give **complete information**, please. We cannot process your application without all information complete.

Church _____

Pastor/Pastoral Staff Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

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. We cannot process your application without all information complete.

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 New Hope Pregnancy Care 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 Statements of: Mission, Faith, Biblical Authority, Sanctity of Human Life, Principle and Marriage, Gender and Sexuality.

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 an 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 Statements of: Mission, Faith, Biblical Authority, Sanctity of Human Life, Principle and Marriage, Gender and Sexuality, and will uphold them at all times, as well as all policies and procedures established by the Board of Directors and Chief Executive Officer of New Hope Pregnancy Care Center.

Volunteer Signature

Date

New Hope Representative

Date



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 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/Guardian Signature _____ Date _____

Parent's Printed Name _____



Emergency Contacts

Applicant's Name: _____

Emergency Contacts:

Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Address: _____

Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Address: _____

Volunteer Signature _____ Date _____

New Hope Staff Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Parent's Printed Name _____



AUTHORIZATION FOR BACKGROUND CHECK

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by NHPCC. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for NHPCC 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 NHPCC 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 NHPCC'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 NHPCC 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 NHPCC is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report NHPCC receives on me at the time the report is provided to NHPCC. 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

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

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)