**VOLUNTEER REQUIREMENTS**

**FOR PLC HEALTH CLINIC**

**OF VAN WERT COUNTY**

1. Complete and submit the Volunteer Application to the Executive Director.

2. Submit 3 Christian references that we may contact, one of which is your Pastor. (This will be on your application.)

3. Interview with Executive Director. (This affords the Director the opportunity to clarify, ask questions and to discuss further your call to volunteer.)

4. Complete the assigned pamphlet readings and other materials available at the Clinic and view additional videos.

5. Complete two shifts of in-clinic shadowing and observation of previously trained volunteers/staff.

At the end of these two in-center shifts, the prospective volunteer and Executive Director will then determine together the readiness of the volunteer. Possibly further preparation, the completion of signing the forms, and assignment of volunteer time slots, will be completed at this time.

**PLC HEALTH CLINIC VOLUNTEER APPLICATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial

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Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status\_\_\_\_

In case of emergency, whom should we contact? Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? \_\_Yes \_\_No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of years completed in high school\_\_\_\_ No. years of college\_\_\_

Previous volunteer experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your reason for seeking to volunteer here?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself a Christian? \_\_Yes \_\_No If yes, how long have you been a Christian? \_\_\_\_\_\_\_

As a Christian, what is the basis of your salvation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To volunteer for Pregnancy Life Center, you need to attend a local church weekly. Please provide the following information about your local church. (We will contact your pastor as one of your refrences.)

Church Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Positions in which you have served\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write a brief statement about how your faith would affect your volunteer work at this center. \_\_\_\_\_

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This organization is a pro-life Christian ministry. We believe in sexual abstinence outside of marriage. We do not refer for birth control. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy services in this community. Can you support this? \_\_Yes \_\_No

Have you ever counseled a woman who was considering an abortion? \_\_Yes \_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had any traumatic experiences relating to an abortion? \_\_Yes \_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever known an unwed mother? \_\_Yes \_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How would you rate yourself in the following areas?

 Knowledge of abortion methods \_\_excellent \_\_good \_\_fair \_\_poor

 Knowledge of current laws concerning abortion \_\_excellent \_\_good \_\_fair \_\_poor

 Knowledge of what the Bible teaches about abortion \_\_excellent \_\_good \_\_fair \_\_poor

Please list any books, videos, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently or have you ever been involved in seeking to adopt a child? \_\_Yes \_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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We find it very important to have prayer support. It is vital for the operation of the center and your ministry in the center. Who might you ask to give you prayer support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REFRENCES:**

Please list persons who are not related to you and whom you have known for at least two years. (Your pastor will be contacted as one of your references, so please do not list here.)

 Name Address Phone Years Known Relationship

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STATEMENT OF FAITH

OF PLC HEALTH CLINIC

We believe there is one God eternally existing in three persons, God the Father, God the Son and God the Holy Spirit. (Matthew 28:19 & I John 5:7)

* We believe God the Father exists unchanging as the loving Creator of all things. He is all-knowing, ever-present and all-powerful. God the Father created us in His own image. He seeks a personal relationship with everyone because He loves us. Man severed that relationship through sin, by following his own selfish nature rather than God's will, for which the just punishment is death. God continues to seek a relationship with us despite our sin. (Ephesians 4:6)
* Conceived by the Holy Spirit and born of a virgin, God the Son became man in the person of Jesus Christ to restore our relationship with God. Jesus led a sinless life. He sacrificed that life on the cross and through His death and the shedding of His blood bore the punishment for our sins. He was buried and rose from the dead and ascended into Heaven. As our Savior, He is the only mediator between God and man and continues to intercede on our behalf until His return in glory and power. (Hebrews 2:9 & II Corinthians 5:21)
* After Jesus Christ's ascension, God the Holy Spirit descended to live within each of those who, through faith, have accepted Jesus Christ as their personal Savior. The Holy Spirit counsels and guides us to know the will of God and gives us the grace and power to act upon His will. (John 14:26)

We believe that when we repent of our sins and place our faith in Christ, God, by His grace, offers us forgiveness and the unmerited gift of eternal life. (Romans 10:9)

We believe that God reveals Himself to us through the Bible, His authoritative Holy Word.

(II Timothy 3:16-17)

We believe that God's desire for us, the Body of Christ, His Church, is to become more like him. (Ephesians 4:22-24)

We are to worship within a local Church body, share the Good News of God's love, study the Bible and pray unceasingly. (Acts 2:42)

We believe that God created each of us in His own image and that all human life is sacred. We therefore have a responsibility to uphold the sanctity of each human life. (Psalm 139:13-15)

We believe we are to abstain from sexual relations outside the union of marriage. (I Corinthians 6:18-20)

**MISSION STATEMENT**

**PLC HEALTH CLINIC**

The PLC HEALTH CLINIC is a Christian ministry whose mission is to protect the life of the unborn, offer alternatives to abortion, encourage sexual abstinence outside of marriage, educate the community, bring people to a saving knowledge of Jesus Christ, and offer love by providing spiritual, educational, and physical support of those affected by unplanned pregnancy.

# **PLC Health Clinic**

Support 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 *PLC Health Clinic* to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the *PLC Health Clinic* and any person or entity providing such information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information.

If I become a volunteer at the *PLC Health Clinic*, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the *PLC Health Clinic*, and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read, and that I am in full agreement with the *PLC Health Clinic’s* Statement of Faith and Mission Statement. I not only agree with, but state that I am and I will continue to live a life style that follows the Mission Statement and Statement of Faith.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_