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Dear Friend,

Thank you for your interest in volunteering! Please pray about this ministry and how God may be calling you to serve. This is a place where lives are transformed to the glory of God. We are looking to add to our diverse team those who are hardworking, genuine, brave, flexible, reliable, joyful and get along well with others. Those working directly with clients must have great communication skills: bilingual preferred but not required.

If wishing to become a weekly volunteer at our center, we ask you to make commitment of 4-6 hours in a single day each week. Training includes job shadowing, a day-long class, working side-by-side with other volunteers and staff as you learn policies and procedures of the center as well as ongoing staff development meetings every other month. We want to make sure that you are equipped to do this important work. The cost of the training class is \$20.00. Volunteers must provide: Photo ID, Social Security Card, permission for Background Check and a TB (tuberculosis) test.

If you wish to partner with us in other ways such as donating goods, sharing your story, promoting Care Net in your church, assisting with projects or fundraisers, or becoming a Board Member, please contact our Director.

Please return the completed Volunteer Application packet to the center; call ahead so we will be ready to give you a tour. Thank you for your interest. We hope to see you very soon.

Blessings,

Susanna Martinez
Executive Director
(661) 729-4277 / info@avcarenet.com

Volunteer Application

NAME _____ PHONE _____
LAST FIRST

EMAIL _____

ADDRESS _____
NUMBER & STREET CITY ST ZIP

SOCIAL SECURITY NO. _____ Are you 18 years of age? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain: _____

EDUCATION

High School: No. of Years Completed 1 2 3 4 Diploma: Yes _____ No _____ G.E.D.: Yes _____ No _____

School _____

College and/or Vocational School: No. of Years Completed 1 2 3 4 5 6 7

School(s) _____ Degrees Earned _____

Describe other Training Degrees: _____

PREVIOUS VOLUNTEER EXPERIENCE: List most recent volunteer experience first.

Organization _____ Date of Volunteer Service: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

Organization _____ Date of Volunteer Service: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

EMPLOYMENT HISTORY: List the most recent employment first.

Employer _____ Date of employment: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

Employer _____ Date of employment: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

Employer _____ Date of employment: From _____ To _____

Address _____ Position/Duties _____

Telephone _____ Supervisor Name _____

ADDITIONAL INFORMATION:

1. What is your reason for seeking to volunteer at the center? _____

2. How does your spouse/family feel about your involvement? _____

3. Do you consider yourself a Christian? YES _____ NO _____ If yes, how long have you been a Christian? _____
4. As a Christian, what is the basis of your salvation? _____

5. Please provide the following information concerning your local church.
Church Name _____ Denomination _____
Address _____ Pastor's Name _____
Phone _____
Positions in which you have served _____
6. Do you have daily devotional time? YES _____ NO _____ Explain: _____

7. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center. _____

8. What special skills, talents, gifts, or personality traits would you bring to this ministry? _____

9. Have you ever had any traumatic experiences relating to abortion? YES _____ NO _____ Please explain _____

10. Have you ever counseled a woman who was considering an abortion? YES _____ NO _____ Please explain _____

11. Have you ever known an unwed mother? YES _____ NO _____ Please explain _____

12. What are your feelings regarding birth control and teenagers or adults who are single and sexually active? Please explain _____

13. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

Never an option _____

In cases of rape or incest _____

Mother's life in extreme peril _____

Extreme psychological distress _____

Other _____ please explain _____

14. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy or alternatives to abortion _____

15. How would you rate yourself in the following areas:

a. Knowledge of abortion methods? Excellent _____ Good _____ Fair _____ Poor _____

b. Knowledge of current laws concerning abortion? Excellent _____ Good _____ Fair _____ Poor _____

c. Knowledge of what the Bible teaches about abortion? Excellent _____ Good _____ Fair _____ Poor _____

16. Are you currently or have you ever been involved in seeking to adopt a child? YES _____ NO _____

Please explain _____

17. What do you consider to be your possible areas of weakness? _____

18. Are there any particular personality types with whom you have difficulty working? _____

REFERENCES: Please list persons who are not related to you and who have known you for at least two years.

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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 Care Net Women's Resource Center of North County to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Care Net Women's Resource Center of North County and any person or entity providing such reference 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 Clinic, I agree to fully adhere to its policies and procedures, including those relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of Care Net Women's Resource Center of North County, and I am not seeking nor expecting to receive compensation or other benefits in return for any volunteer services which I may provide for this ministry. I certify that I have read and I am in full agreement with the Center's Statement of Faith and Statement of Principle.

Signature of Applicant_____Date_____

For Office Use Only

Date Received: _____

Area of Interest: _____

Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
3. 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.
4. 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.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.
6. 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.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

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

Signature

Date

Name (please print)

Statement of Principle

1. Care Net Women's Resource Center (CNWRC) is an outreach ministry of Jesus Christ through His church. Therefore, CNWRC, 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 CNWRC board members, directors, and volunteers are expected to know Christ as their Savior and Lord.
2. CNWRC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. CNWRC is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. CNWRC denounces any form of deception in its corporate advertising or individual conversations with its clients.
4. CNWRC 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.
5. CNWRC does not discriminate in providing services because of race, creed, color, national origin, age or marital status of its clients.
6. CNWRC does not recommend, provide, or refer for abortion or abortifacients.
7. CNWRC offers assistance free of charge at all times.
8. CNWRC 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.
9. CNWRC 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.)
10. CNWRC recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. Centers are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. CNWRC receives no payment of any kind from these agencies, do not enter into contractual relationships with them, and do not share combined office space. Adoption agencies are not established under the auspices of centers. CNWRC neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

Volunteer Pledge

Recognizing that the pregnancy clinic is a Christian ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read the Statement of Faith and 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 crisis pregnancy, except to save the life of the mother in some cases (e.g. tubal pregnancy).

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

I agree to be faithful in church attendance and participation, as a member of the body of Christ.

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 on clinic patients/clients in the strictest confidence, in accordance with clinic policies. I will consistently uphold the clinic's policies relating to confidentiality, even after I am no longer a volunteer.

Understanding the vital role volunteers play in the work of the clinic, I commit myself to faithfully serve _____ hours per week on a regular basis. Additionally, I agree to attend volunteer staff meetings and in-service training sessions. I have agreed to enter into my role as a volunteer without any expectation of receiving any compensation for the services I may perform.

I have read, understand, and agree with the clinic Statement of Principle and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and Executive Director.

Volunteer Signature

Date

Volunteer Reference Request

Reference for: _____

The above named person has submitted an application to volunteer for Care Net Women's Resource Center. The applicant has authorized us to conduct a reference check. Our agency provides support to women and their families facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

- A genuine commitment to Jesus Christ as Savior and Lord of their lives.
- A dependable, responsible attitude; a willingness to work as a team.
- A steadfast and faithful confidence in the Word of God and an ability to communicate its truth.

We have asked each applicant to supply us with two references – one from their pastor and one from a person who knows them well. Please answer the questions below, complete the chart and write a short paragraph describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? _____

What is your relationship to the applicant? (e.g., pastor, relative, friend) _____

How would you rate the applicant regarding:

	Below Average	Average	Above Average
Dependability			
Communication skills			
Cooperation			
Compassion/Mercy			
Submission to authority			
Initiative			
Spiritual Maturity			

Short paragraph describing the applicant with emphasis on the qualities outlined above:

Please return to:

Care Net Women's Resource Center

PO BOX 1375

LANCASTER CA 93584

Or info@AVcarenet.com

Signature _____

Your Name (print) _____

Daytime Phone _____

Date _____

Thank you so much for your assistance.



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