

Manteca Pregnancy Help Center
401 N. Main St. • Manteca, CA 95336 • (209) 239-9899

APPLICATION FOR VOLUNTEER POSITION

(Please Print)

DATE: _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____

STATE/ZIP: _____ TELEPHONE: () _____ CELL # _____

E-MAIL ADDRESS: _____

HIGHEST GRADE COMPLETED: _____ H.S. ___ COLLEGE ___ OTHER ___

SCHOOL ATTENDED: _____

CHURCH ATTENDING: _____

HOBBIES/INTERESTS: _____

CARREER EXPERIENCE. LIST BOTH VOLUNTEER AND SALARIED EXPERIENCE:

OFFICE MACHINES OPERATED (IF TYPEWRITER, INCLUDE W.P.M.):

LANGUAGES OTHER THAN ENGLISH: _____

WHAT TYPES OF TASKS WOULD YOU ENJOY DOING?

MOST CONVENIENT TIMES TO WORK:

MON	TUE	WED	TH	FRI
10-4	1-4	10-4	1-4	10-4

PERSON TO CONTACT IN CASE OF EMERGENCY: PHONE: () _____ CELL # _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

(OVER)

Manteca Pregnancy Help Center
401 N. Main St. • Manteca, CA 95336 • (209) 239-9899

BRIEFLY TELL US YOUR VIEWS ON:

ABORTION: _____

ADOPTION: _____

CONTRACEPTION: _____

SEXUAL ACTIVITY AMONG UNMARRIED MEN AND WOMEN: _____

WELFARE/MEDICAL: _____

PERSONAL EXPERIENCES WITH ANY OF THE ABOVE WHICH MAY BE HELPFUL TO OTHERS: _____

WHAT DO YOU HOPE TO LEARN AND/OR ACCOMPLISH BY VOLUNTEERING? _____

WHAT PROMPTED YOU TO APPLY? _____

HOW DID YOU FIND OUT ABOUT MANTECA RIGHT-TO-LIFE? _____

WHAT DO YOU KNOW ABOUT MANTECA RIGHT-TO-LIFE? _____

Manteca Pregnancy Help Center
401 N. Main St. • Manteca, CA 95336 • (209) 239-9899

VOLUNTEER COMMITMENT STATEMENT

1. To keep and adhere to all office policies and procedures.
2. To keep current on all the Center's changes in policies or procedures.
3. To keep all records and reports completed and up-to-date.
4. To volunteer a minimum of six (6) hours or more per week, on a scheduled basis.
5. To keep my commitment to my volunteer weekly schedule.
6. To check my volunteer folder each work shift for messages and /or pertinent Center information.
7. To log my time in and out on the weekly desk calendar, making note of any future vacation or off days.
8. To be non-judgmental, caring and loving person to all cliental and staff.
9. To pray before each scheduled work shift to allow the Holy Spirit to guide me in my service to others.
10. To attend a once a month scheduled staff meeting.
11. To notify the Volunteer Coordinator and/or the Center's Director of any issues or complaints by cliental or Center staff.
12. To notify the Volunteer Coordinator and/or Center Director, in a timely manner, of any changes in scheduled working hours, or the termination of my volunteer commitment.

Signed: _____

Date: _____

Manteca Pregnancy Help Center
401 N. Main St. • Manteca, CA 95336 • (209) 239-9899

STATEMENT OF FAITH

We believe the Bible to be the inspired Word of God.

We believe in one God, Creator and Sustainer of the universe, eternally existing in three persons: Father, Son, and Holy Spirit.

We believe in the Lord Jesus Christ, who is fully God and fully Man. He was born of a virgin, lived a sinless life, performed miracles, died on the cross for the sins of the world, was raised bodily, and exalted to God's right hand, where He makes intercession for His own. He will personally come again in power and glory.

We believe that all people are sinners by nature, and cannot save themselves. Salvation is a free gift of God.

We believe in the Holy Spirit, the third Person of the Trinity who glorifies the Lord Jesus Christ, and dwells in all believers, empowering them for holy living and fruitful service.

We believe in the resurrection of the dead.

We believe in the spiritual unity of believers, who form the church, the body of which Christ is the head.

I believe I am called by God and convicted by Scripture to minister with compassion to women in crisis pregnancy situations.

I have read and agree with the PHC Mission Statement.

I have read and commit to all statements listed on the "Confidentiality Agreement" during my volunteer service and upon termination of my volunteer services.

Volunteer Name: _____

Volunteer Signature: _____

Date of Commitment: _____

Manteca Pregnancy Help Center
401 N. Main St. • Manteca, CA 95336 • (209) 239-9899

CONFIDENTIALITY AGREEMENT

As a volunteer for the Pregnancy Help Center of Manteca, I agree to keep confidential all information of the Pregnancy Help Center clients.

I agree to:

- ✓ Prepare records accurately and professionally;
- ✓ Keep all records confidential when in use;
- ✓ Be discrete in what I discuss within and without of the Center guarding against informal violations of confidentiality;
- ✓ Continue to keep confidentiality after termination of my volunteer services;
- ✓ I will only access client records with which I am professionally involved.

I have read, understand, and agree with the Pregnancy Help Center of Manteca's Confidentiality Agreement. I understand that any infraction of this agreement will be reason for my being asked to resign from being a volunteer.

Volunteer Signature _____ Date: _____

Director Signature _____ Date: _____