

**OPTIONS PREGNANCY RESOURCE CENTERS  
APPLICATION FOR VOLUNTEER POSITION**

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Marital status \_\_\_\_\_

Are you currently employed? **N** **Y** If so, where? \_\_\_\_\_

How did you come to learn of Options Pregnancy Resource Centers? \_\_\_\_\_

In which location would you prefer to volunteer? Albany \_\_\_\_\_ Corvallis \_\_\_\_\_

Briefly state what interests you about volunteering at Options Pregnancy Resource Centers:

\_\_\_\_\_  
\_\_\_\_\_

List any previous volunteer experience \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long? \_\_\_\_\_

What is a Christian? \_\_\_\_\_

\_\_\_\_\_

***Please provide the following information on your local church:***

Church name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Describe any positions held/services performed within the church \_\_\_\_\_

\_\_\_\_\_

Pastor's name \_\_\_\_\_

May we call your pastor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_ (Be sure to complete the pastor's reference form)

**Please provide the following information about yourself:**

What is the extent of your formal education? \_\_\_\_\_ Area of concentration: \_\_\_\_\_

List any special training, Biblical studies or educational experiences:

\_\_\_\_\_

List any professional training (RN, Sonographer, etc)

\_\_\_\_\_

How does your spouse/family feel about your becoming involved at the Pregnancy Resource Center?

\_\_\_\_\_

Spouse's name: \_\_\_\_\_

Have you ever had an abortion or any traumatic experiences related to abortion? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

Have you ever counseled a woman who was considering an abortion? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

Have you ever been convicted of child abuse or any crime involving sexual molestation of a minor? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

What special gifts, strengths, talents, and/or personality traits do you bring to this ministry?

\_\_\_\_\_

What are possible areas of personal weakness?

\_\_\_\_\_

Are there any personality types you have difficulty working with? If yes, please explain.

\_\_\_\_\_

Under what circumstances would you consider abortion as an option for a woman faced with a crisis/unplanned pregnancy?

\_\_\_ Never an option \_\_\_ In cases of rape/incest \_\_\_ In cases of extreme/severe psychological stress

\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal knowledge of abortion: Please make a general evaluation of your knowledge in the following areas:

- a. Knowledge of how abortions are performed/methods used to perform abortions:  
Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_
- b. Knowledge of the existing laws regulating abortion:  
Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_
- c. Knowledge of what the Bible teaches (directly or indirectly) about abortion:  
Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_

Any additional comments?

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Thinking about the gifts you possess, in which of the following areas are you interested? (check as many as apply)

**Administrative**

- \_\_\_ Support staff
- \_\_\_ Church liaison
- \_\_\_ Other support (See below)

**Patient resources**

- \_\_\_ Patient Advocate
- \_\_\_ Offer temporary housing

**Community contact**

- \_\_\_ public relations
- \_\_\_ fundraising

**Professional**

- \_\_\_ medical doctor
- \_\_\_ RN, LPN, RDMS
- \_\_\_ clergy
- \_\_\_ attorney
- \_\_\_ counselor
- \_\_\_ other professional (See below)

Please do not limit yourself to these areas of volunteer work. Are there any other areas in which you would like to serve that are not on this list?

If so, please explain: \_\_\_\_\_

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All volunteers will have driving records and criminal history records checked. Please provide the following information:

Full legal name: \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_

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

## STATEMENT OF PRINCIPLE

1. Options Pregnancy Resource Centers is an outreach ministry of Jesus Christ through His church. Therefore, OPRC, embodied in its volunteers, is committed to presenting the gospel of Christ to women with unexpected or unwanted pregnancies, both in word and in deed. Commensurate with this purpose, those who serve as OPRC board members, directors, staff and volunteers are expected to know Christ as their Savior and Lord.
2. OPRC is committed to providing its patients with medically accurate and complete information about both prenatal development and abortion.
3. OPRC is committed to integrity in dealing with patients, earning their trust and providing promised information and services. OPRC denounces any form of deception in its corporate advertising or individual conversations with its patients.
4. OPRC is committed to assisting women to carry to term, and beyond, 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. OPRC does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its patients.
6. OPRC does not recommend, provide, or refer for abortion or abortifacients.
7. OPRC offers assistance free of charge at all times.
8. OPRC is committed to creating an awareness within our communities of the needs of pregnant women, and of the fact that abortion only compounds human need rather than resolving it.
9. OPRC does not recommend, provide, or refer single women for contraceptives. Married women seeking contraception information should be urged to seek counsel, along with their husbands, from their pastor and/or physician.
10. OPRC recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. OPRC is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. OPRC 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 OPRC. OPRC neither initiates nor facilitates independent adoptions, although we may refer for independent adoptions in states where it is legal.

## 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 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 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.

The undersigned assents to upholding the principles and statements included in this document.

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Signature

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Date

## OPRC VOLUNTEER AGREEMENT

Recognizing that the Options Pregnancy Resource Centers (OPRC) is an evangelical 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 (unless the life of the mother is medically threatened).

I commit myself to a lifestyle of sexual purity (the sanctity of marriage as taught in the Bible and chastity outside of marriage).

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. All information on OPRC patients will be kept in the strictest confidence. I will continue to keep the information confidential even after I am no longer a volunteer for the OPRC.

Understanding the vital role volunteers play in the work of the OPRC, I do commit myself to faithfully serve as follows: \_\_\_\_\_

I also agree to attend volunteer staff meetings as scheduled.

I pledge that I will regularly fellowship with other believers for encouragement and edification by being part of a local Christian Church. I will also pray regularly for my part in the ministry and for the ministry as a whole.

I have read, understood and agree with the OPRC 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 of the OPRC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OPTIONS PREGNANCY RESOURCE CENTERS**  
**Pastoral Reference Form**

*The person named below has applied for a volunteer position with Options Pregnancy Resource Centers. We provide services to women in the community who may be facing an unplanned pregnancy. May I ask you for a few moments of your time to answer some questions? Your prompt reply would be most appreciated. Feel free to e-mail the completed form to [karen@optionsprc.org](mailto:karen@optionsprc.org). Thank you!*

*Karen Taming, Executive Director*

Name of Applicant \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

In what capacity? (Pastor, Spiritual mentor, Bible Study leader, etc) \_\_\_\_\_

What gifts or talents does this person possess that you believe will benefit the work of Options PRC?

Please make a comment as to how you believe this person feels about the sanctity of human life.

Please make a comment as to what you believe about this person's commitment to God.

Please make a comment about how this person relates to other people.

Please rate the applicant on the following characteristics by placing an "X" in the appropriate column:

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
DEPENDABILITY _____			
SPIRITUAL MATURITY _____			
COMMUNICATION SKILLS _____			
COOPERATION _____			
COMPASSION/MERCY _____			
SUBMISSION TO AUTHORITY _____			
INITIATIVE _____			

Any other comments?

08/16

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

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