

Client Advocate Application

Contact Information:

Title: _____ First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Birthdate: _____ Spouse Name: _____

Children's Names and Ages: _____

Emergency contact name and number: _____

Personal Information:

Marital Status: (circle) Single Married Divorced Widowed

Race: (circle) Caucasian Black Hispanic Asian Indian Other: _____

Do you speak another language besides English? _____ If yes, what language? _____

Occupation: _____

Place of Employment: _____

Highest Level of Education: (circle) High School GED _____ # of years of college

_____ # of years of graduate school. List special training or qualifications that would benefit your

volunteer work here (include any previous volunteer work): _____

Personal References:

Name: _____ phone # _____

Christianity

When did you become a Christian? _____

Describe your relationship with the Lord: _____

Where is your church membership? _____

Pastor's name? _____

How often do you attend church? _____

Do you consistently attend a Bible Study? _____

What are your spiritual gifts? _____

Evangelism

How does a person become a Christian? _____

What is your approach to sharing your personal faith in Jesus Christ? _____

What role do you believe prayer plays in this ministry? _____

Abortion

What are your views on abortion including the hard cases of rape, incest, or fetal deformity?

How do you feel about women who have had an abortion? _____

Crisis Pregnancy

Have you ever experienced a crisis pregnancy? _____

If yes, when? _____

What was the outcome? ___Parent ___Miscarriage ___Abortion ___Adoption ___Stillbirth

Have you ever received counseling regarding your crisis pregnancy and the effect it had on your life? _____

If you experienced an abortion have you ever been involved in post-abortion healing/recovery group? _____ when? _____

Briefly describe how you would advise a young woman facing a crisis pregnancy? _____

Adoption

What are your views on adoption? _____

How do you feel about women who choose adoption for their pre-born child? _____

Were you adopted? _____ If yes, what effect has it had on your life?

Have you placed a child for adoption? _____ If yes, what effect has it had on your life?

Abstinence

What is your view on sexual purity? _____

Would you be compelled to speak with a client about sexual purity?

Circle one: Yes Yes with more information No

CFW Interest

How did you hear about Choices for Women Resource Center? _____

What motivated you to want to volunteer your time at a pregnancy resource center? _____

Does your spouse and/or family support you in this kind of work? _____

What gifts, talents, skills and experience do you have to asset CFW? _____

Do you have any fears or concerns regarding your work here? _____

What areas are you strong in? _____

What areas are you weak in? _____

Do you prefer group or one-on-one interaction? _____

Describe any difficulties you might have working with people from different socioeconomic backgrounds or challenging personalities. _____

Have you experienced anything traumatic in the past year? If yes, what did you experience?

How have you dealt with it? _____

Are you willing to make a 2, 4, or 6 hour/week commitment volunteering? _____

What are the best days and times for you to volunteer? _____

If you are not able to volunteer on-site, are there other areas you would like to help in?

Would you be willing to be a spontaneous volunteer in case of a shortage? _____

Areas of Service

We have four areas of service. You can learn to be a part of all areas. We suggest that you focus on one area and grow to another. Please check(✓) the areas that you are interested in and star(*) the area you want to focus on first.

_____ A Team - A person on the A Team will help with Administrative tasks. You may greet clients, answer phones, organize or have a special support project. There are some projects that can be done off-site, but most projects are on-site. You will learn how to use our database system, locate existing files on our shared file folder. We also use word and excel for many documents. You may enjoy collating and preparing mailings. You may choose to clean or do maintenance projects.

_____ B Team - A person on the B Team will help with our Blessing Boutique. You will be a shopping assistant to clients, process donated items by cleaning, washing, sorting and ironing. You will prepare items for clients such as packaging diapers, wipes, gift bags. You may help watch children while Moms shop or are being met with by a client advocate counselor.

_____ C Team - A person on the C Team will be in the Counseling Room. This means you will be working directly with the clients. There are different reasons our clients come. You may choose to meet with one type of client or all types. Check all that apply:

_____ PT - Pregnancy Test Client - Clients coming for a pregnancy test. This visit would focus on crisis pregnancy counseling, evangelism and assistance.

_____ US - Ultrasound Client - Clients coming for an ultrasound. This visit would focus on crisis pregnancy counseling, evangelism, and assistance.

_____ IV - Initial Visit Assistance - Clients coming for the first time for assistance only. This visit would focus on evangelism and assistance.

_____ EWYLM - Earn While You Learn Mentor - You will meet with clients who are participating in our Earn While You Learn Program. You will be getting to know the clients, setting goals with the clients and facilitating the education curriculum.

_____ ALL - You may want to be trained to see all types of clients.

_____ D Team - A person on the D Team will help with our Donor Support in an area of their choice. You may work on-site or off-site. You may serve as a liaison between CFW and your church for fundraising events. You may choose to serve in the planning of fund-raisers, help make phone calls, help with marketing ideas for more donors and other community relations. You may possess the skill of grant writing or research.

Special Interests:

_____ Prayer Warrior: Praying for our clients and the needs of CFW on and off site.

_____ Housing: Housing a client who has been displaced from her home.

_____ Post-Abortive Healing:

Offer opportunities for healing for women who have experienced an abortion.

_____ P.U.R.E. Group (People Upholding Relationships with Encouragement): Being a part of a group of people who want to make an impact on our community in the area of sexual purity.

_____ Transportation: Transporting clients, materials to clients or donations

_____ Medical Assistants: RNs or Ultrasound Technicians who can learn to do ultrasounds

List any special talents you have (i.e. computer programs you know, worked with fundraising before, community connections you may have, etc.) _____

Choices for Women Resource Center exists to demonstrate and share the life-changing message of Jesus Christ by providing practical help and loving support for those facing an unplanned pregnancy. It is our goal to promote unity in the body of Christ. We understand that volunteers may have different religious practices, but agree on the following Statement of Faith.

Statement of Faith

I believe in one God: Father, Son and Holy Spirit.

(Matt 5:16, 45; 6:1,4,8,9; James 1:17/John 1:1; 14:9/Gen 1:2, John 4:24, 14:16-20; 2 Peter 1:21)

I believe in God, the Father Almighty, Creator of all things visible and invisible. (Gen 1:1; Acts 17:24-28; Hebrews 11:3)

I believe in Jesus Christ, God's one and only Son, my one and only Savior:

(John 1:14, 1 John 4:9/John 3:16; Peter 3:18)

Who was born Jesus of Nazareth, both fully human and fully divine, conceived of the Holy Spirit and the Virgin Mary

(Matt. 21:11; John 19:19/John 1:14; Romand 5:15-17; Co. 2:9; 1 John 1:1/Matt. 1:18; Luke 1:26-28)

Who suffered and was crucified under Pontius Pilate (Luke 23:1-46)

Who died and was buried, and who rose again bodily from the dead on the third day (Luke 23:44-24:8; John 20:24-29; 1 Cor. 15:3-8)

Who ascended into heaven and now sits at the right hand of the Father (Luke 2:69; Acts 1:1-9; Col 3:1)

Who will return to earth to judge both the living and the dead (Matt 24:36-42; John 14:1-3; Acts 1:10-11; 10:9-42; 1 Peter 4:5)

I believe in the Holy Spirit

Who is an active and operative part of the triune God

Who indwells every Christian

I believe in the Bible-God's Holy Word, scripture. I believe God inspired the autographs (original writings of the scripture and those autographs were consequently without error). I accept the Bible as the final authority for all matters of faith and practice.

I believe the Bible teaches that man, created by God, willfully sinned against God and is consequently lost and without hope apart from Jesus Christ.

I believe the Bible teaches that one receives God's grace by putting faith in Christ, repenting of sin, confessing Christ with your mlouth and believing in your heart that Jesus Christ is Lord.

I believe in the Church of Jesus Christ, founded on the Day of Pentecost and consisting of all Christians everywhere.

I agree with the Statement of Faith:

Signature

Print Name

Date

Policy on Confidentiality

Choices for Women adheres to a strict code of confidentiality. Each client that comes to the center deserves our utmost care and respect. At no time should our clients fear betrayal on the part of the very people they have come to for help.

The basis for confidentiality in a client-helper relationship:

Confidentiality Breeds Trust:

Trust is a basic ingredient in human relationships. It is the basis upon which a solid friendship is formed. Without this trust, the likelihood of meeting the needs of clients who come to our center is virtually destroyed. A client assured of confidentiality is more likely to trust his/her helper and thus be more willing to respond to counsel.

Confidentiality Protects Integrity:

Confidentiality protects the integrity of Choices for Women Resource Center and prevents the possibility of unnecessary legal entanglements. Copies of the client information sheets are to be kept private. After they are entered in the computer, shred the originals and file all information in the client file. The client files should be locked.

Confidentiality Prevents Gossip:

Confidentiality protects volunteers from the temptation to gossip. At the same time, this releases other volunteers from the temptation to listen to gossip! Discussing client problems with other volunteers should never be done for the purpose of aiding yourself in the counseling process. Client situations are to be discussed only with the Client Services Director or the Executive Director. Prayer with and for other staff persons is encouraged including a generic "please meet the needs of our clients". God knows their names. Learn to unload on God. This will help you keep problems in the proper perspective.

Maintaining Confidentiality:

1. Do not relay any factual information about a client to anyone other than the Client Services Director or the Executive Director.
2. I understand that I must report all suspicion of abuse, threat or underage sexual activity (under 16) to the Executive Director before the client leaves.
3. Client must sign "Release of Information Form" (located on Evangelism Page of client intake form) before discussing a client with another agency personnel or pastoral staff.
4. Destroy all notes that have confidential material by shredding.

I agree to abide by the policy of confidentiality.

Signature

Print Name

Date

Client Advocate Agreement

Recognizing that Choices for Women Resource Center (CFW) is an evangelistic ministry, I understand the mission statement of CFW: CFW exists to demonstrate and share the life-changing message of Jesus Christ by providing practical help and loving support to those facing an unplanned pregnancy. I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I profess that my life is a witness for Jesus Christ. I have read the Center's Statement of Faith and am in complete agreement. I am committed to sharing biblical values not cultural norms or denominational preferences.

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for a woman facing a crisis pregnancy in any circumstance including rape, incest or deformity. I will not participate in any action which results in the destruction of innocent human life which begins at conception.

I believe in sexual purity. I am committed to sexual purity both personally and in imparting truth to clients.

All information on the CFW clients 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 Center. I have read the Policy of Confidentiality and am in complete agreement.

Understanding the vital role volunteers play in the work of the CFW, I will do my best to be faithfully committed to fulfill the role I have agreed upon. I understand that every job is important, whether meeting directly with clients or doing behind the scenes work. I understand that it will be necessary for me to attend in-service training sessions as scheduled. I will do my best when I arrive to pray for 10 minutes, review materials in my folder and record my time served.

I certify that the facts presented in my application are true and complete to the best of my knowledge, and I authorize CFW to verify their accuracy and to obtain reference information concerning my character capabilities. I authorize a criminal background check to be performed as a requirement for volunteer service. I release CFW and any person or entity providing such reference or background information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I recognize that, as a volunteer, I will serve in a different role than the employees of CFW, and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I provide for this ministry.

Signature

Print Name

Date

Background Record Check Permission Form

Your signature on this form grants Choices for Women Resource Center permission to check all states for any criminal record charge or conviction.

Clearly print your full name: _____

Current Home Address: _____

County: _____ Phone: _____

Print any alias names used: _____

Social Security Number: _____ - _____ - _____

Date of Birth _____ Place of Birth _____

Please list any state you have lived in during the past ten years
(we do not check juvenile records)

State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____

Have you ever been arrested, charged or convicted of any crime? _____
If so, please give details:

Is there any information that Choices for Women Resource Center might find pertinent when making a decision on whether or not to recommend you for credentials? _____
If so, please give details:

I acknowledge the right of Choices for Women Resource Center to fully examine and check any pertinent information including previous criminal records about those applying for volunteer services. I hereby give permission to Choices for Women Resource Center to conduct a criminal background check about myself, in any state in which I have lived during the past twenty years. I hereby confirm that all the information I have recorded on this page is complete and true.

Date _____ Signature _____