

Client Advocate Application

Contact Information:

Title: _____ First Name : _____ Last Name: _____
(Put what you want to be called)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ (Texting: Yes or No)

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(s)? _____

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? _____

We send a letter of recommendation to your Pastor, if there is another Pastor other than your Senior Pastor that this letter would need to be addressed to, please put his name below:

How often do you attend church? _____

Do you consistently attend a Bible Study? _____

What are your spiritual gifts? _____

(Please complete the spiritual gifts survey and list your top 3 in order)

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 number the areas you are interested/willing to serve in from one being the most interested.

_____ 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 Client Rooms. 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 CFW board, staff and volunteers and needs of center daily.

Visit our website: www.choicesforwomen.org/partners and register to receive our monthly prayer calendar.

_____ **Healing Choices:** Minister healing for women who have experienced an abortion.

_____ **Sexual Integrity:** Educating individuals, students and our community by advocating sexual purity as a positive lifestyle.

_____ **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.) _____

We understand that volunteers may have different religious practices, but operate in unity by agreeing to the following Statement of Faith.

Statement of Faith

1. We believe the Bible, consisting of 66 books of the Old and New Testament, is the inspired, infallible, authoritative Word of God.
2. We believe there is one God eternally existent, revealed to us in three persons: Father, Son, and Holy Spirit.
3. We believe in the Deity of our Lord and Savior Jesus Christ, that He was conceived by the Holy Spirit, was born of a virgin, and lived a sinless life; that He performed miracles; that by His death on the cross He made provision for the redemption of men and women from sin; that He ascended into heaven to the right hand of God; and that He will return in power and glory to judge the world and complete His redemptive purpose.
4. We believe the Holy Spirit is the Spirit of God. He inspired men to write the Scriptures, enables men and women to understand truth, exalts Christ, convicts of sin, calls men and women to the Savior Jesus Christ, and effects regeneration. We believe He empowers believers to live godly lives, comforts believers, and bestows spiritual gifts on believers by which they serve the Savior Jesus Christ.
5. We believe that, for the salvation of the lost and sinful people, regeneration (the conviction of sin, repentance toward God, faith in the Lord Jesus Christ) by the Holy Spirit is essential. Salvation is not the result of good works.
6. We believe in the resurrection of both the saved and the lost. We believe the saved are resurrected unto life everlasting and the lost are resurrected unto eternal condemnation.
7. We believe in the spiritual unity of redeemed believers in the Lord Jesus Christ and in the scriptural importance of church membership.
8. We believe every Christian is under obligation to seek to make the will of God supreme in his or her own life and in human society. We believe it is our responsibility and privilege to minister to those who are orphaned, in need, and helpless, being careful to act with redemptive love without compromising our loyalty to Christ and His truths.
9. We believe in the purposes of the Choices for Women Resource Center as set forth in its By-laws and agree to abide by those purposes as we serve this Center.

Our Beliefs

The Child

- (1) The Bible clearly teaches the humanity, personhood, intrinsic value, and divine creation of the unborn child.

The Pregnant Woman

- (1) She is a person for whom Christ died; therefore, she deserves the Christian's acceptance, love, and care.
- (2) She is accountable to God for her choices about her pregnancy, her unborn child, her own life, and her response to God.

The Christian

- (1) Each Christian has a divine obligation to protect the unborn child and to promote the sanctity of life.
- (2) For the Christian, to fail to protect the life of the unborn child is a sin.
- (3) A Christian is called to minister to the pregnant woman and her child.

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.

I believe in God's forgiveness in all circumstances including people who are post-abortive. "As to the destiny of the unborn, since the children have made no moral choices, they have remained innocent. Thereby God's perfect justice receives them into His presence, irrespective of spiritual condition of the parent—and without consideration of what circumstance of the child's conception may have been." (Belief statement quoted from the book, "I'll hold you in Heaven" by Jack Hayford.)

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 commit to pray before I work at CFW so that everything I do is covered with prayer, 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 _____