

# Pregnancy Aid Clinic

281 S. Atlanta Street  
Roswell, GA 30075  
(470)282-1212

At Pregnancy Aid Clinic we create roles for volunteers where they feel valued and respected for contributing and enriching the lives of the clients we serve.

We encourage our volunteers, through a variety of roles, to share with clients and the community, the importance of a healthy relationship, the benefits of an education and that every life is a gift.

Volunteers are a valued and integral part of our organization; training will be required and provided for all volunteers who have client contact.

## ***Client & Non Client Volunteer Application***

Name:	DOB:
Address:	Email:
City: Zip	Home Phone:
Cell Phone:	Occupation

***Volunteer roles require a year commitment, but times can vary***

## ***Day & Time Available to Volunteer***

<b><i>Day</i></b>	<b><i>Clinic Hours:</i></b>	<b><i>Time Available:</i></b>
Monday	9 am – 5 pm	
Tuesday	9 am - 5 pm	
Wednesday	9 am – 5 pm	
Thursday (Boutique only)	10 am – 4 pm	
Friday (Boutique only)	10 am – 4 pm	
<b>RV Team Mobile</b>	Varies	

## ***Please check the boxes that interest you: (for description please see attached)***

<input type="checkbox"/> Patient Care Advocate (PCA) (Women Only)	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Nurse/Physician Assistant	<input type="checkbox"/> Snacks for Client Classes
<input type="checkbox"/> Ultrasound Tech/Sonographer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Parenting Class Instructor	<input type="checkbox"/> Baby Boutique Team (My Life Counts)
<input type="checkbox"/> Post Abortion Healing Ministry	<input type="checkbox"/> Handyman/Landscape Team Member
<input type="checkbox"/> Mentors: Men & Women Needed	<input type="checkbox"/> Grant Writer
<input type="checkbox"/> RV Team Mobile	<input type="checkbox"/> Special Projects
<input type="checkbox"/> Public Relations & Marketing	<input type="checkbox"/> Board Member
<input type="checkbox"/> Church Liaison	<input type="checkbox"/> IT Support/Webpage Development
<input type="checkbox"/> Events Support Team	<input type="checkbox"/> Spiritual Adoption Team
<input type="checkbox"/> Prayer Warrior Team	<input type="checkbox"/> Other:

*“Now there are varieties of gifts, but the same Spirit;  
And there are varieties of service, but the same Lord; and there are varieties of  
activities, but it is the same God who empowers them all in everyone.”*

*1 Corinthians 12:4-6*

Our ministry offers a variety of volunteer opportunities, please help us utilize your skills,  
talents and interest by rating your gifts & skills.

**On a Scale of 1 to 5 please rate your Gifts & Skills**

	Strongly Disagree ~ 1---2---3---4---5 ~ Strongly Agree				
Listens well to others	1	2	3	4	5
Responds quickly to problems	1	2	3	4	5
Enjoys developing new strategies	1	2	3	4	5
I doing things efficiently	1	2	3	4	5
Completes tasks	1	2	3	4	5
Organized	1	2	3	4	5
Delegates easily	1	2	3	4	5
Comfortable giving good practical advice	1	2	3	4	5
Resolves Conflicts	1	2	3	4	5

**Please indicate any experience you may have in the following areas**

	Very Experienced	Some Experience	Little Experience But willing to Attempt
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Leader – Bible Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Verbal Communications such as public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written communications such as newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Phone Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Grant or Technical Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing			
• IT Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Webpage development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer/Data Entry Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical			
• Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the areas you checked as “very experiences” or “some experience”, if you could provide some detail describing your experience: \_\_\_\_\_

\_\_\_\_\_

Field of working experience: \_\_\_\_\_

\_\_\_\_\_  
Please tell us what lead you to our ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of church you are currently attending?  
\_\_\_\_\_

Are you involved in any church activities? Yes No Please share: \_\_\_\_\_  
\_\_\_\_\_

Have you (or someone close to you) had an experience related to an adoption or abortion? Yes No If comfortable please explain *(If you would prefer to discuss this question privately, please leave blank and contact our volunteer coordinator to arrange a conversation)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does "Pro-Life" mean to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any circumstances in which you would consider abortion as an alternative? Yes No If yes Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **References**

Please list the following information for two personal references – one to be a church representative. **(No relatives)** Please provide a telephone number or for each reference.

All volunteer applicants are responsible for providing the enclosed reference form (page 6) to their reference and request that it be sent directly to Pregnancy Aid Clinic, Attention PAC Volunteer, 281 S. Atlanta Street, Roswell, GA 30075. Subject: PAC Volunteer.

(Church representative: Church Secretary, DRE, Bible Study member)

1. Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (Please Provide)

2. Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (Please Provide)

## **SANCTITY OF LIFE STATEMENT**

Pregnancy Aid Clinic acknowledges that from the very moment of conception, the miracle at which point God creates life, and throughout the gestation period, God is at work in the womb bringing the embryo to fetal stages and then to birth.

Since life begins at conception, the pre-born child is a human being endowed by his or her Creator with divine dignity and inviolable rights. Thus, pre-born children should be accorded the same protection of life granted to every other human being.

Every human life is of infinite value to God. Children in the womb diagnosed with fetal anomalies should also be accorded full protection of life.

If a woman is facing a life-threatening pregnancy, which is very rare, we will get her in touch with the best medical help, so that both mother and unborn child will get the best possible medical care.

We are especially sympathetic to the tragedy and heartbreak of rape and incest; but abortion is not a satisfactory solution for these victims. Abortion only compounds the victimization of mother and child. We will work to provide women in these situations specialized services in order that they may be cared for and healed.

***I have read and am in agreement with Pregnancy Aid Clinic Sanctity of Life Statement***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***“For you created my inmost being; you knit me together in my mother’s womb”  
Psalm 139:13***

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### **OUR COMMITMENT TO CARE**

***I will:***

Serve patients serve without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.

Treat patients with kindness, compassion and in a caring manner.

Provide patients with open and honest answers.

Hold patient information in strict and absolute confidence understanding client information is only disclosed as required by law & when necessary to protect the client or others against imminent harm. When I end my volunteer term, I will continue to uphold client information as confidential.

Provide patients with accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.

Not offer, recommend or refer for abortions or abortifacients, or contraception, but am committed to offering accurate information about abortion risks and procedures, and fertility information and education.

Truthfully advertise and describe the services we offer.

Participate in all required training.

Discuss pregnancy related and sexually related issues with clients and never give legal or medical advice. The consultation I provide is not intended to substitute for professional counseling.

Not diagnose pregnancy and will refer patients to their physicians to have pregnancies confirmed.

Live according to the biblical teachings of “abstinence only” from sexual relationships outside of marriage.

***I am in agreement with Pregnancy Aid Clinic’s Commitment to Care Statement***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# *Pregnancy Aid Clinic*

## **Volunteer Commitment**

I, \_\_\_\_\_ (*name printed*), understand once my application has been approved, I will commit to 3-4 hours per week for a 1(one) year commitment, unless other arrangements have been made.

I have reviewed the necessary training requirements required by Pregnancy Aid Clinic for \_\_\_\_\_ (*position applied for*).

1. To perform my volunteering role to the best of my ability
2. To adhere to the organization's rules, procedures and standards, including health and safety procedures and its equal opportunities policy in relation to its staff, volunteers and clients.
3. To maintain the confidential information of the organization and of its clients.
4. To meet the time commitments and standards undertaken, other than in exceptional circumstances, and provide reasonable notice so that alternative arrangement can be made.
5. To provide references, as agreed, who may be contacted, and to agree to a police background check.

**My agreed voluntary time commitment is** \_\_\_\_\_

**This agreement is binding in honour only, is not intended to be legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.**

**Agreed to:** \_\_\_\_\_

\_\_\_\_\_  
**Volunteer signature  
Representative**

**Pregnancy Aid Clinic**

# Pregnancy Aid Clinic ~ Volunteer Reference Form

\_\_\_\_\_ is going through the process of becoming a volunteer at Pregnancy Aid Clinic. We ask for your cooperation in completing this document and returning it via mail or to the following email address in a timely manner.

Thank you in advance for sharing your confidential insights in reference to the individual.

**Pregnancy Aid Clinic ~ ATTN: Colleen, Volunteer Coordinator, 281 S. Atlanta Street, Roswell, Ga 30075 or: [cberg@pregnancyaidclinic.org](mailto:cberg@pregnancyaidclinic.org)**

Name of Reference (*please print*): \_\_\_\_\_

Relationship with potential volunteer: \_\_\_\_\_

How long have you know this individual: \_\_\_\_\_

To your knowledge does this individual attend church on a regular basis? Yes No

To your knowledge, do they follow their church doctrine? Yes No

## **Personal Information**

1. Do you have knowledge that the above person has ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? Yes No **If yes**, please explain the circumstances. (Such charge or conviction may be relevant if job related, but does not bar them from volunteering)
2. Do you have knowledge of the above person ever being the subject of an investigation involving an allegation of sexual abuse? Yes No **If yes**, please explain;
3. Do you have knowledge of a civic or criminal complaint ever being filed against the above mentioned, alleging physical abuse or sexual abuse? Yes No **If yes**, please indicate the date, nature and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint:
4. To your knowledge has the above mentioned ever been terminated from employment or a volunteer position for reasons relating to allegations of physical abuse, verbal abuse, or sexually harassment? Yes No **If yes**, please give a short explanation of the allegations, the disposition of the allegations:
5. To your knowledge has the above mentioned ever received any medical treatment, physical or psychological, for reason involving physical abuse or sexual abuse? Yes No **If yes**, give a short description of the treatment:

On a scale of 1-4, with 1 being lowest and 4 being highest, please rate the applicant's gifts of:

Dependability	_____	Spiritual maturity	_____
Communication skills	_____	Cooperation	_____
Compassion/Mercy	_____	Initiative	_____
Non-judgmental	_____	Honesty	_____

Describe why you feel they would be an attribute to this ministry

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

**Signature** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_