



P0 Box 1164, 201 Sylvia Lane, Bluefield, WV 24701
(304) 325-2000

Date _____

Volunteer Application (Patient/Client Contact)

Name _____
Last First MI

Address _____
Number & Street City State Zip Code

Phone # _____ E-Mail ☐

Date of Birth _____ Social Security # _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain: _____

It is the policy of the Abel Pregnancy Resource Center to run a background check on anyone who will have direct involvement with minor clients while volunteering at the center.

Education:

1. High School: Number of years completed _____ Diploma: Yes _____ No _____

School Name _____

2. College and/or Vocational School: Number of years completed _____

School(s) _____

Degrees earned _____ Dates _____

Describe other training or degrees _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

Organization _____ From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

Employment History: List most recent employment first.

Employer _____ From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Employer _____ From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

Additional Information:

1. What is your reason for seeking to volunteer here? _____

2. Do you consider yourself a Christian? Yes _____ No _____

3. As a Christian, what is the basis of your salvation? _____

4 Please provide the following information concerning your local church.

Church name _____

Address _____

Pastor's name _____ Phone _____

Positions in which you have served _____

(Explanation)

(Explanation) _____

(Explanation) _____

10. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

☐ Never an option
 ☐ In cases where the mother's life was in extreme peril

☐ In cases of rape or incest
 ☐ In cases of extreme psychological distress

☐ Other (specify) _____

12. How would you rate yourself in the following areas? (check the appropriate box)

	Excellent	Good	Fair	Poor
a. Knowledge of abortion methods				
b. Knowledge of current laws concerning abortion				
c. Knowledge of what the Bible teaches about abortion				

13. Are you currently or have you ever been involved in seeking to adopt a child?

Yes _____ No _____. If yes, please elaborate _____

14. What do you consider to be your 2 greatest areas of weakness and strengths? _____

15. Are there any particular personality types with whom you have difficulty working? _____

References: Please list 2 references who are not related to you and who have known you for at least two years.

Name	E-mail	Phone Number	Years Known	Relationship

Applicant's Certificate and Agreement

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with clients. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Code of Christian Conduct. I understand that failure to uphold these Statements and Center policies and procedures may result in dismissal from serving at the Abel Pregnancy Resource Center.

Signature of Applicant _____ Date _____

A Position Description is included with this application. Please indicate, with your signature and date, that you have received, read and understand the Position Description for which you have applied.

Signature _____ Date _____

Time and Ministry Preference Sheet

Please check the days and times that you would be available to volunteer. Services rendered to out patients by lay helpers occur from 10:00 am to 6:00 pm on Mondays, 2:00 pm to 8:00 pm on Tuesdays, 10:00 am to 4:00 pm on Thursdays and on the first Saturday of each month from 9:00 am to 12:00 pm.

Mon	Hours of Operation	Tues	Hours of Operation	Thurs	Hours of Operation	1st Saturday of the Month	Hours of Operation
	10:00 AM		2:00 PM		10:00 AM		9:00 AM
	11:00 AM		3:00 PM		11:00 AM		10:00 AM
	12:00 PM		4:00 PM		12:00 PM		11:00 AM
	1:00 PM		5:00 PM		1:00 PM		12:00 PM
	2:00 PM		6:00 PM		2:00 PM		
	3:00 PM		7:00 PM		3:00 PM		
	4:00 PM		8:00 PM		4:00 PM		
	5:00 PM						
	6:00 PM						

Which of the following areas interest you as a volunteer?

Administrative

- ☐ Office help
- ☐ Newsletter editor/writer
- ☐ Bookkeeping
- ☐ Volunteer Recruitment
- ☐ Communicate with Prayer Partners
- ☐ Assist with mailings
- ☐ Size and sort clothes, organize resources
- ☐ Web designer
- ☐ Facilitate church/organization liaisons

☐ Become a Prayer Partner

Client Services

- ☐ Clientline
- ☐ Patient Advocate (Assist women and men facing unplanned pregnancy situations)
- ☐ Client Mentor (Assist with the EWYL education program)
- ☐ Abstinence counseling/instruction
- ☐ SaveOne abortion recovery
- ☐ Befriend a client
- ☐ Lead a client education group

Professional

- ☐ Medical Doctor
- ☐ Ultrasound technician
- ☐ Nurse
- ☐ Clergy
- ☐ Attorney
- ☐ Counselor
- ☐ Financial/budget counselor/auditor
- ☐ Employment help/guidance

Community Contact

- ☐ Public relations/publicity
- ☐ Fundraising/special projects
- ☐ Plan/develop education/awareness programs
- ☐ Speak on behalf of the Abel Center
- ☐ Be an Abel Center church liaison

Facility

- ☐ Clean facility
- ☐ Maintain grounds/flower beds
- ☐ Maintenance

Office Use Only

Date of Interview _____ Date Began at Abel PRC _____

Date Left Abel PRC _____

Comments: _____

Patient Advocate/Client Mentor Position Description

Objective of Position

To reach out to patients/clients in an unplanned pregnancy with the mercy and compassion of Jesus Christ by offering practical assistance in both word and action.

Reports to: The Executive Director & Client Services Director

Exposure Determination/Category C: This position has been determined to carry no occupational exposure.

How Position Links to Abel PRC Mission: The Patient Advocate provides direct ministry to women facing unexpected pregnancies by offering the “Good News” of the Gospel, hope, compassionate services and guidance based on the Christian beliefs and values of the Abel PRC.

Qualifications

1. Be a committed Christian who demonstrates having a personal relationship with Jesus Christ as Savior and Lord and is under the care and accountability of a local church.
2. Love people with compassion and unconditional acceptance despite their chosen lifestyle and moral behavior.
3. Agree with and be willing to uphold the Statement of Faith, Code of Conduct, Statement of Commitment of Care and the policies and procedures of the Center.
4. Exhibit strong commitment and dedication to the sanctity of human life and God’s plan for human sexuality expressed only within the context of monogamous marriage expressed exclusively between one genetic male and genetic female.
5. Exhibit strong interpersonal skills.
6. Personal relationship with Jesus Christ and a desire to share the Gospel of Jesus Christ with others.
7. Completion of 15-18 hours of training.

Training

1. Compassion, Hope and Help basic training: 18 hours (includes child abuse reporting, avoiding tort claims, and communication skills).
2. In office orientation.
3. Staff trainings, which will provide the opportunity to:
 - a. Pray and fellowship with other volunteers.
 - b. Receive information to increase expertise as a Patient Advocate.

Key Tasks and Duties

1. Complete patient/client intake form.
2. Assist the patient/client in performing a self-pregnancy test when medical staff are unavailable.
3. Consult with executive director and other Patient Advocates or Client Mentors, as appropriate, about a patient/client case.
4. Refer when needed for financial aid, housing, etc.
5. Follow-up on each patient/client by phone or subsequent counseling appointment unless services are no longer needed or requested.
6. Complete and update proper forms for follow-up.
7. Keep up-to-date with new policies and procedures.
8. Attend In-service, appropriate staff trainings and staff prayer times before or after volunteer shift.
9. Enlist two prayer supporters to faithfully pray for your ministry to patients/clients.
10. When not busy with patients/clients, use your shift time to pray for your patients/clients, make follow up calls or become familiar with referral notebook, brochures and DVDs.

STATEMENT OF FAITH

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God revealing the love of God to the world. 1 Thessalonians 2:13; 2 Timothy 3:15-17; John 3:16.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. Matthew 28:19; John 10:30; Ephesians 4:4-6.
- We believe in the deity of the Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood on the cross, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. Matthew 1:23; John 1:1-4 and 1:29; Acts 1:11 and 2:22-24; Romans 8:34; 1 Corinthians 15:3-4; 2 Corinthians 5:21; Philippians 2:5-11; Hebrews 1:1-4 and 4:15.
- We believe that all men everywhere are lost and face the judgment of God, that Jesus Christ is the only way of salvation, and that for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ is necessary. Furthermore we believe that God will reward the righteous with eternal life in heaven, and that He will banish the unrighteous to everlasting punishment in hell. Luke 24:46-47; John 14:6; Acts 4:12; Romans 3:23; 2 Corinthians 5:10-11; Ephesians 1:7 and 2:8-9; Titus 3:4-7.
- We believe in the present ministry of the Holy Spirit, whose indwelling enables the Christian to live a godly life. John 3:5-8; Acts 1:8 and 4:31; Romans 8:9; 1 Corinthians 2:14; Galatians 5:16-18; Ephesians 6:12; Colossians 2:6-10.
- We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of eternal life and the lost unto the resurrection of damnation and eternal punishment. 1 Corinthians 15:51-57; Revelation 20:11-15.
- We believe in the spiritual unity of believers in the Lord Jesus Christ and that all true believers are members of His body, the church. 1 Corinthians 12:12, 27; Ephesians 1:22-23.
- We believe that the ministry of evangelism (sharing and proclaiming the message of salvation only possible by grace through faith in Jesus Christ) and discipleship (helping followers of Christ grow up into maturity in Christ) is a responsibility of all followers of Jesus Christ. Matthew 28:18-20; Acts 1:8; Romans 10:9-15; 1 Peter 3:15.
- We believe God's plan for human sexuality is to be expressed only within the context of marriage, that God created man and woman as unique biological persons made to complete each other. God instituted monogamous marriage between male and female as the foundation of the family and the basic structure of human society. For this reason, we believe that marriage is exclusively the union of one genetic male and one genetic female. Genesis 2:24; Matthew 19:5-6; Mark 10:6-9; Romans 1:26-27; 1 Corinthians 6:9.
- We believe that we must dedicate ourselves to prayer, to the service of our Lord, to His authority over our lives, and to the ministry of evangelism. Matthew 9:35-38, 22:37-39, and 28:18-20; Acts 1:8; Romans 10:9-15 and 12:20-21; Galatians 6:10; Colossians 2:6-10; 1 Peter 3:15.
- We believe that human life is sacred from conception to its natural end; and that we must have concern for the physical and spiritual needs of our fellowmen. Psalm 139:13; Isaiah 49:1; Jeremiah 1:5; Matthew 22:37-39; Romans 12:20-21; Galatians 6:10.

(adapted from the Billy Graham Evangelistic Association)

Abel Pregnancy Resource Center Policies & Procedures Manual

CODE OF CHRISTIAN CONDUCT

Christianity is central to the purpose and mission of the Abel Pregnancy Resource Center. For this reason, all Center affairs are to be conducted in full accordance with the Bible, the Center's Mission, its Statement of Faith, its Bylaws, as well as related policies reflecting the Center's religious nature. It is the Center's policy to be staffed, whether by employees or volunteers, with only committed disciples of Jesus Christ. Consequently, every employee and volunteer is expected to review and affirm his or her agreement with these standards as a condition of continued affiliation with the Center, both in terms of doctrinal belief and practical application. Violation of this Code shall constitute cause for discipline up to and including termination. "...set an example for believers (and unbelievers) in speech, in life, in love, in faith, and in purity." (I Timothy 4: 12b) "Whatever happens, conduct yourselves in a manner worthy of the gospel of Christ." Phil 1:27

- We are conscious of the fact that everything we do, directly or indirectly, has the potential to reflect upon PRC as a whole.
- We conduct ourselves at all times with openness, forthrightness, and honesty in dealing with people and organizations, both internally and externally.
- We hold ourselves to the highest possible standard of conduct, always striving to avoid even the appearance of impropriety.
- All of our communications are truthful, honest, and accurately describe the services we offer.
- We operate in accordance with all applicable laws.
- We respect confidentiality and only disclose information as required by law or as otherwise authorized by the client/patient.
- We treat others with kindness, compassion and in a caring and courteous manner.
- We believe in the sanctity of life from the moment of conception to natural death.
- We oppose abortion, except to save the life of the mother.
- We oppose all forms of abortifacients.
- We give accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend or refer for abortions or abortifacients, but we are committed to offering accurate information about abortion procedures and risks.
- We believe the Bible is the authoritative Word of God and provides guidance for our lives.
- We believe in chastity outside of marriage and fidelity within. We believe in the sanctity of marriage between one man and one woman as taught in the Bible. Therefore, all staff and volunteers commit to a lifestyle of sexual purity, and will refrain from engaging in any sexual relationships outside the bonds of Christian marriage.
- We live a lifestyle consistent with biblical values.
- All "conflict of interest" relationships will be avoided with Board members, staff, suppliers, those we serve, and other organizations with whom we deal, unless disclosed and approved. No one will accept gifts or favors which might influence the performance of their responsibilities.

Policy: CONFIDENTIALITY

Confidentiality occurs when there is an exchange of information made in trust between individuals or groups with the overt understanding that none of the information will be given to any other individual, group, or entity without the written consent of the patient.¹ The Abel Pregnancy Resource Center will comply with HIPAA in maintaining confidentiality.

PROCEDURE:

1. All staff, volunteers and visitors entering the areas of the clinic beyond the reception area shall sign a Confidentiality Agreement (see form).
2. All patients will be protected from disclosure of information that violates their right to privacy except where required by law, i.e. child abuse, suicide prevention. Professional ethics require responsibility for maintaining the confidentiality of private information.
3. Observers shall be restricted from patient care areas.
4. The medical professional shall meet with the patient alone for the medical history and the pregnancy testing results. Doors must be closed.
5. Abel Center personnel shall be responsible for maintaining the confidentiality of private information. Disclosure by and between volunteers/employees of private information shall occur only as necessary to carry out job functions. Staff should be vigilant to protect patient confidentiality from others visiting the Center. All staff volunteers, board members and visitors shall sign a Confidentiality Agreement as a condition of association with the Center.
5. Information shall be released to third parties only upon written authorization from the patient per the Authorization to Release Records form
5. If questioned about a patient's records and there is no existing written authorization, the correct response is, "Due to confidentiality, I cannot verify the patient has ever been seen or treated at the Center, nor can I tell you that the requested records are on file." The patient can then be contacted by the clinic staff to let her know a request for records was made and the patient may determine if she would like to provide a written authorization to release the information to the party making the request.
6. The Abel Center shall implement the Privacy of Patient Health Information and Notice of Privacy Practices pursuant to HIPAA.

NOTE: Every state has laws requiring the reporting of child abuse. These laws may affect our policy on confidentiality.

¹ ***NIFLA Clinic Tips***, May 2010, Protecting What Has Been Entrusted to Us: Our Client's Confidentiality.

CONFIDENTIALITY AGREEMENT

I understand that all Abel Pregnancy Resource Center information could be sensitive and confidential in nature, and I promise to maintain the confidentiality of all information to which I have access, including databases. I also commit to exercise discretion in conversation within the Center, always cognizant of the potential for someone overhearing.

I understand that personnel and patient information is to be discussed only with appropriate personnel in private areas where others may not overhear and will keep all such information in the strictest confidence, even after I am no longer associated with the Center.

I understand that Abel Pregnancy Resource Center information of any nature is to be released by the Executive Director and agree not to discuss Center business or affairs with anyone outside of the organization. I also promise to apply biblical principles to all my conversations, communications and problem-solving.

I understand that access to the Center's databases, including medical, donor, etc., shall only be accessed for authorized reasons related to staff/job description responsibilities and agree not to otherwise access them unless specifically authorized.

I understand that violation of this policy is serious and will require investigation by the Executive Director and possible result in immediate termination.

Signed

Date

POLICY: CONFLICT RESOLUTION

Whereas, Matthew 18 describes the biblical principle for resolving conflicts, and as a faith-based organization committed to obeying God's Holy Word, the Board of Directors and all staff and volunteers of the Abel Pregnancy Resource Center will implement the model set forth in Matthew 18 and will follow the procedures listed below for conflict resolution.

BIBLICAL PRINCIPLE

"And if your brother sins, go and reprove him in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that the mouth of two or three witnesses may confirm every act. And if he refuses to listen to him, tell it to the church..." Matthew 18:15-17 New American Standard Version

PROCEDURE:

1. Each member of the Board of Directors and all staff and volunteers will sign the *CONFLICT RESOLUTION AND INTERPERSONAL COMMITMENT AGREEMENT* and be encouraged to seek prompt resolution of any disputes that may arise.
2. Conflict resolution should first be attempted on a one-on-one basis in accordance with Matthew 18:15. If this initial attempt is unsatisfactory, then another attempt to resolve the conflict should be made, this time with one or two additional board members, staff or volunteers brought in to the situation to help resolve the conflict.
3. If such initial attempt(s) are not successful, the matter should promptly be referred to an appropriate supervisor or center representative and accompanied with a completed *CONCERN REPORT FORM*. If applicable, the center's grievance procedure should be implemented and followed.
4. Each person involved in any such dispute is encouraged to engage in self-examination; to relinquish any undue selfish goals; and to humbly submit to the conciliation process so that relationships may be promptly restored in forgiveness and love.

CONFLICT RESOLUTION AND INTERPERSONAL COMMITMENT AGREEMENT

Please initial each statement and place your signature at the bottom of this document.

_____ I have read the Abel Pregnancy Resource Center's *Conflict Resolution* and *Grievance Procedure* policies.

_____ I am completely committed to adhering to Abel Pregnancy Resource Center's *Conflict Resolution* and *Grievance Procedure* policies and procedures.

_____ I shall conduct myself according to the principles of Matthew 18 regarding conflict resolution and interpersonal relationships.

Furthermore:

_____ I will accept responsibility for establishing and maintaining healthy interpersonal relationships with every member of the Board, staff, and volunteer team.

_____ I will establish and maintain a relationship of functional trust with the Board of Directors, and every member of this staff and volunteer team.

_____ My relationships with each Board member, staff, and volunteer will be respectful at all times.

_____ I will not engage in the "3 Bs" (Bickering, Backbiting, and Blaming). In addition, if I hear a Board member, staff, or volunteer doing so, I will remind them about our commitment to the Matthew 18 principle and I will ask them to follow the procedures as defined in the *Conflict Resolution* policy.

_____ I will be committed to finding solutions to the problems, rather than complaining about them or blaming someone for them.

_____ I will remember that none of us are perfect, and that human error provides opportunities for forgiveness and growth – not for shame or guilt.

I have read the preceding and my signature indicates my agreement to all that is written herein.

Signature

Date



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Clients: www.abelcenter.org /Supporters: www.friendsofabel.org
Email: info@abelcenter.org
(304) 325-2000

VOLUNTEER REFERENCE REQUEST

Reference For: _____

Date _____

The above-named person has submitted an application to volunteer for the Abel Center. The applicant has authorized us to conduct a reference check. A volunteer provides support to women facing unplanned pregnancies and pregnancy and parenting related concerns.

Some of the qualities sought in a volunteer are:

- 1) A genuine commitment to Jesus Christ as Savior and Lord.
- 2) A dependable, responsible attitude; a compassionate heart; a willingness to serve others..
- 3) A steadfast and faithful confidence in the Word of God and an ability to communicate its truth.

Please answer the questions below and write a short paragraph describing the applicant, with particular emphasis on the qualities above.

- 1) How long have you known the applicant? _____.
 - 2) How well do you know the applicant? Only slightly _____ Casually _____ Fairly well _____
Quite well _____
 - 3) What is your relationship to the applicant? ___ Pastor ___ Relative ___ Friend ___ Employer
 - 4) To the best of your knowledge, has the applicant made a personal profession of faith in Jesus Christ?
Yes _____ No _____ Unknown _____ Comments: _____

 - 5) Are you aware of any habits or personality traits which hinder the applicant in her/his relationships with others? Yes _____ No _____. If so, please explain _____

 - 6) In your estimation, does the applicant exert a good influence among her/his peers? Yes _____ No _____. If not, please explain _____

 - 7) Do you believe the applicant is able to keep names, details, and sensitive information from our clients confidential? Yes _____ No _____. If not, please explain _____

 - 8) Please comment on the applicant's relationship to her/his spouse (if married) or parents (if single): _____

 - 9) Please comment on any special circumstances, home conditions, health, background, etc. which might be helpful as we consider the applicant's involvement with the Abel PRC: _____

 - 10) In your own words, please describe the applicant: _____

- Please indicate your recommendation of this applicant: Highly commended _____ Commended _____
Commended with reservations _____ Not commended _____
 - Please indicate your reasons for recommending the applicant: _____

Name of Reference (please print)

Signature

Date

Daytime phone number