



Volunteer Application

Some of the questions contained in this application are extremely personal. The answers will be held in strict confidence. All applications are filed in a locked cabinet and only reviewed by Mend's Director the person/person's designated to train and interview volunteers. If you are uncomfortable answering any items, leave them blank but do plan to discuss them during your interview.

General Information

Today's Date _____

Name _____ Birthdate _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Are you (check one):

Single Married Divorced Widowed How long? _____

Name of Spouse _____

Do you work? Yes No If yes, where? _____

Days you work? _____ Work Phone _____

How long have you been employed there? _____

List names and ages of your children _____

Where do you attend church? _____ How long? _____

When did you accept Christ as your personal Savior? _____

Assessment of Abortion Knowledge

Have you ever had an abortion? Yes No If so, when? _____

How many months pregnant were you? _____ Were you pregnant prior to marriage? Yes No

How old were you? _____

What are your feelings about abortion? Use extra paper if needed.

Under what circumstances do you consider abortion an alternative? (check as many as apply)

- Never an option Rape or Incest To save the mother's life
 Financial hardship Birth Defects Hostile Partner
 Extreme Psychological Stress Other

Please explain: _____

How do you feel about the woman who has aborted a pregnancy? _____

Explain your beliefs on birth control before marriage. _____

How do you evaluate your personal knowledge in these areas:

My knowledge of aborting methods is (check one): Excellent Good Fair Poor

My knowledge of the abortion issue is (check one): Excellent Good Fair Poor

What books, videos, films, materials, or presentations have you read, viewed or heard on the abortion issue?

Your Background Information

Schooling

High School: _____ Year Graduated _____

College _____ Degree _____ Year _____

Graduate School _____ Degree _____ Year _____

Technical School, Bible College, etc _____ Year _____

Other _____ Year _____

Please describe your work experience _____

Have you ever received compensation for an on the job accident? Yes No If yes, please explain:

Have you ever been discharged from a paid or volunteer position? Yes No If yes, please explain:

List your main personal interests: _____

List previous volunteer work. *Include When, Where and How Long:* _____

List previous work in a ministry. *Include When, Where and How Long:* _____

Have you ever been involved in forms of activism for the Pro-Life Movement or others? (Ex: 40 Days For Life, March For Life, Picketing, Lobbying, etc.) Yes No If yes, describe:

Have you ever been involved in sidewalk counseling? Yes No If yes, please explain: _____

Have you ever been arrested? Yes No If yes, please explain: _____

Have you ever been convicted of a felony? Yes No If yes, please explain _____

What are your beliefs about homosexuality? _____

Spiritual and Personal

Please give a general background of your spiritual growth _____

What do you consider to be your best traits? _____

List some of your talents, abilities or interests: _____

Who is your best friend? _____

What would this friend say is your greatest shortcoming? _____

(If married) How does your spouse feel about the possibility of you volunteering to work here? _____

Is there anything in your past that could cause problems to Mend? Yes No If yes, please explain:

Please write in your own words why you are interested in helping Mend Pregnancy Resource Center. Include your thoughts on pregnant teens, pre-marital sex and single parents.

Volunteer Availability and Commitment

Are you able to volunteer in the office for at least 4 hours per week? Yes No

How much time would you be willing to volunteer? Hours per month? _____ Hours per week? _____

Which days are best for you? (check all that apply) Mon Tues Wed Thu Fri

Are you able to come to one or two meetings per month? Yes No

Becoming a Mend Volunteer requires an eight month commitment. Are you willing to make this commitment and sign a form to that effect? Yes No

After prayer, which area(s) interest you for your volunteer work?

- | | |
|--|---|
| <input type="checkbox"/> Receptionist/ Office Assistance/ Data Entry | <input type="checkbox"/> Telephone counselor |
| <input type="checkbox"/> Client Advocate/ Lay Counselor | <input type="checkbox"/> Ultrasound/Nurse |
| <input type="checkbox"/> Post-Abortion Healing | <input type="checkbox"/> Professional Counseling |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> Prenatal Care Class | <input type="checkbox"/> Social Networking |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Newsletter/Blog/Written Materials |
| <input type="checkbox"/> Sexual Integrity Program | <input type="checkbox"/> Prayer Coordinating |
| <input type="checkbox"/> Baby Bucks Boutique | <input type="checkbox"/> Presentations to churches, schools, etc. |
| <input type="checkbox"/> Special Events / Projects | |

Of the above volunteer areas, which one interests you the most? _____

Please return this application only if you have prayed and sincerely believe God has led you to work with us to provide help to women in unplanned pregnancies. Interviews are time consuming and we want to be good stewards of God's time. This means we only interview those with a heart of commitment to become an active volunteer.

By signing below, I certify that all the information given in this application is true and accurate to the best of my knowledge. I understand and agree to the following:

- I understand that false application information is automatic grounds for dismissal.
- I understand that a background check will be performed on all applicants.
- I understand that I must sign a biblical statement of faith
- I understand that I must sign a confidentiality agreement.
- I understand that I must provide references.
- I commit to completing training with Mend to prepare myself for my volunteer/employment position with Mend.
- I believe that I am called by God and convicted by Scripture to minister with compassion to women facing unplanned pregnancies.
- I desire to be His light in darkness by speaking the truth in love.
- I have read and agree with Mend's Mission Statement, Vision, Purpose and Goals (attached).
- I will make every effort to attend volunteer meetings.
- I will pray regularly for my part in the ministry and for the ministry as a whole.

- I will be dependable and will notify a staff member ahead of time if I cannot serve during my scheduled time.
- I will dress in business casual or business attire.
- I will keep my cell phone on silent during my scheduled time at Mend and will refrain from taking private phone calls near clients.
- I understand that Mend is a non-denominational Christian organization and that in sharing the gospel and in referring clients to churches I will refrain from favoring one denomination over another.

Signature of Applicant: _____

References

Two Personal References are required:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

E-mail: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

E-mail: _____

If you work directly with clients, we need one letter of reference. This should be from a person who has known you for at least one year and can comment on your potential as a client advocate/ lay counselor. This reference should preferably be from a pastor (or if you're a member of a large church, someone on the Pastoral team who knows you well). Find attached to this application a form letter for you to give to the person you list below. Print your name on the top of the form. Ask the person to return it to us as soon as possible. It should be mailed directly to:

Mend Pregnancy Resource Center
6216 South Lewis, Suite 100
Tulsa, OK 74136

Your letter of reference has been given to:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

E-mail: _____



Letter of Reference

Date: _____

Dear _____,

_____ has applied for a volunteer position at Mend Pregnancy Resource Center. She/he has given your name as a reference. Please fill out this form and return it to the address below as soon as possible. If you wish to include more information, feel free attach additional information to this form.

This form is completely confidential and will not be reviewed by the applicant. It will be helpful if you can give a candid evaluation. Thank you for taking the time to do this. May God bless you for helping out!

1. How long have you known the applicant and in what capacity? _____

2. How well do you know the applicant?

Intimately Very well Well Average Not well

3. Rate the applicant's interpersonal relationship skills.

Excellent Above average Average Below average Poor

Add any comments you feel are pertinent on this subject: _____

4. Is this person's life well ordered?

Excellent Above average Average Below average Poor

Add any comments you feel are pertinent on this subject: _____

5. Does this person tend to over-commit? Do they often enthusiastically start projects but quickly fizzle?

Faithful to the end A Fast Fizzler

6. How would you characterize this person's spiritual life? _____

Home life? _____

7. In your best judgment do you feel this person could better serve in a capacity other than counseling such as: office work, fund raising, sorting baby and maternity clothes, etc? _____ Why? _____

8. Any other observations which might help us place this person? _____

Your name: (please print) _____ Phone: _____

Your Signature: _____ Date: _____

Please return this form to:

Attention: Volunteer Coordinator
Mend Pregnancy Resource Center
6216 South Lewis, Suite 100
Tulsa, OK 74136



Biblical Qualifications and Statement of Faith

Biblical Qualifications

1. Be born again (John 3:7), meaning that he/she has accepted Jesus Christ as his/her personal Savior and must make every effort to live a Christian lifestyle as described in the Bible.
2. Have fellowship with other believers for encouragement and edification by being part of a local Christian church and be in regular attendance.
3. Have a commitment to the Word of God (the Holy Bible) as his/her source of life standards and practices (John 17:17).
4. Be free from any illegal drug use.
5. Be free from the belief in or practice of witchcraft, sorcery or the like.
6. Abstain from any and all connection with pornography.
7. Abstain from excessive use of alcohol.
8. Abstain from any pre-marital or extra-marital sexual immorality.
9. Make every effort to be honest and reliable, both in his or her personal and/or business dealings.

Statement of Faith

As individuals representing the organization God has built and grown, Mend Pregnancy Resource Center can affirm these statements about our collective and individual faith:

1. We believe there is one God, the creator of all that exists, who is infinitely perfect, existing eternally in three persons: Father, Son and Holy Spirit.
2. We believe Jesus Christ to be truly God and in His incarnation truly man.
3. We believe Jesus was born of the virgin Mary, conceived of the Holy Spirit, died on a cross for our sins, and was raised from the dead for our justification.
4. We believe Jesus is now seated at the right hand of God in majesty, making intercession as our High Priest. He will come again to establish His kingdom of righteousness and peace.

If you, by God's grace, will agree to live according to the Biblical Qualifications set forth above and can assent to this Statement of Faith, please sign.

Signature

Date



Confidentiality Agreement

This agreement is made and entered into on this _____ day of _____, _____, by and between Mend Medical Clinic/Pregnancy Resource Center (Mend) and _____.

As a condition of employment with Mend, the employee or volunteer agrees to not disclose any confidential information to any person or entity.

1. Confidential Information: "Confidential Information" as used herein shall mean any knowledge, information, concept, idea, date, or identify, of any kind or form, acquired by Mend during the performance of any service/contract, from whatever source, including, but not limited to any of the following:
 - A. Any written material, whether typed, handwritten, printed or otherwise, any photograph, or any reproduction thereof, and including, without limitation, each list, note, memorandum, letter, release, article, report, chart, file, account, summary, transcript, agreement, contract, order, purchase, sale, confirmation, monthly statement, record, correspondence, communication, and document;
 - B. Any oral communication, telephone communication, text communication, social media communication, or e-mail communication;
 - C. Any program, software, or account password or code;
 - D. The identity of any person or entity associated with Mend's clients including, but not limited to any employee, office, director, agent member, or contributor;
 - E. The content or terms of any transaction relating to the activities of Mend's clients;
 - F. Any method, means, system, technique, process, or procedure utilized by Mend on behalf of its clients;
 - G. And the work product or products created by Mend in the performance of its obligations to its clients.

2. Acknowledgement: Employee or volunteer acknowledges and agrees that Mend has an interest in and to Confidential Information and that any disclosure or unauthorized use thereof may cause irreparable harm to Mend.

3. Covenant of Confidentiality: Employee or volunteer agrees to treat any and all confidential information in confidence and to undertake the following additional obligations with respect thereto:
 - A. To use confidential information only for the sole and exclusive purpose of performing employee's or volunteer's obligation for Mend;
 - B. To limit dissemination of confidential information to only those employees or volunteer of Mend who have a need to know in order to perform the limited tasks set forth on subparagraph A above;
 - C. Not to disclose, divulge, communicate, publish, or otherwise reveal confidential information in any manner whatsoever to any person or entity not employed by or volunteering at Mend;
 - D. No to reproduce, copy, duplicate or imitate confidential information, in whole or in part, except for the exclusive benefit of Mend's clients and, except for the payments by Mend, never to profit from the confidential information in any manner whatsoever.

4. Survival: The restrictions and obligation of Paragraph 3 of this agreement shall survive any expiration, termination, completion, or cancelation of the agreement or of employment/volunteering and shall continue to bind employee or volunteer.

5. Entire Agreement: This agreement and the contract constitute the entire agreement and understanding of the parties with respect to the subject matter hereof and supersede all prior agreements and understandings regarding such subject matter, whether oral or written. No modification or claimed waiver of any provision hereof shall be valid unless in writing and signed by the duly authorized representative of Mend.

- 6. Severability: If any provision of this agreement is declared by any tribunal, then such provision shall be deemed automatically modified to conform to the requirements for validity as declared at such time, and as so modified, shall be deemed a provision of the agreement as though originally included herein. In the event that the provision invalidated is of such a nature that it cannot be so modified, the remaining provisions of this agreement shall remain in force and effect.
- 7. Applicable Law: This agreement shall be construed, enforced, and interpreted in accordance with the laws of the State of Oklahoma.
- 8. Effective Date: This agreement shall be effective immediately upon its execution.
- 9. This agreement is not to be construed as an employment agreement nor is it intended to modify the employment at will status of any signatory should said signatory be deemed to be an employee.

Mend Medical Clinic/ Pregnancy Resource Center

Employee and/or Volunteer Printed Name: _____
Employee and/or Volunteer Signature: _____



Mission Statement

Our mission is to empower and provide women with life-affirming alternatives in an unplanned pregnancy through the love of Jesus.

Our Vision

Supporting Women in Life Choices

Our Purpose

Mend is a private, non-profit, life affirming organization whose purpose is to help women find and implement positive, loving solutions for unplanned pregnancies. This ministry encourages women to choose life by offering support and assistance during these times of crisis. Mend provides services to women in the Tulsa Metropolitan area without regard to race, age, financial status or religious preferences.

Goals

- To educate as many as possible on the truths about abortion and its effects, both for those involved in the crisis and those in the public.
- Offer help to the mothers and minister healing to their lives.
- Present a biblical perspective of life.



Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work)/tenancy, an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment/tenancy gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me and disclose such to the requesting company. Further purpose of determining my eligibility for employment retention, promotion or suitability as a volunteer or tenancy. If the requesting company is placing me with another entity, I consent to the report being provided to such other entity. If hired, contracted or accepted as a volunteer or tenant, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism/tenancy or contract period. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion or tenancy.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

Current Address _____ How long? _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

California, Minnesota and Oklahoma Applicants Only: I request a free copy of any consumer report ordered on me.

Notice To All Applicants

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. You may view AmericanChecked's Privacy Policy at www.americanchecked.com. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification

Consumer Signature _____

Company Name: _____ Location No.: _____

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

AmericanChecked, Inc.
 Section 4
 FCRA SUMMARY OF RIGHTS



Para informacion en espanol, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051