



Greetings,

We are excited to hear that you would like to serve in the Lord's ministry at Hill Country Pregnancy Care Center (HCPCC)! Our volunteers truly serve as the hands and feet of Christ. Enclosed is our volunteer application.

We ask that all volunteer applications be returned to us before training begins. If you are not sure how you would like to serve we can discuss this at our initial meeting.

We ask our volunteers to make a commitment to work three hours per week, but we are also very flexible. If you have any questions please feel free to give me a call at (830) 249-9717 or email me at kimberlys@lifesprecious.org. Thank you for your interest in serving here at HCPCC.

Kind regards,

Kimberly Siess

Community Relations Director

**Hill Country Pregnancy Care Center
VOLUNTEER APPLICATION**

Name _____
Last First Middle Initial

Address _____
Number & street City State Zip code

Phone # _____ Social Security # _____

Email _____ Date of birth _____ Spouse _____

Emergency Contact (Spouse/Other): _____

Home Phone : _____ *Cell Phone :* _____

Relationship to Applicant : _____

Are you over 18 years old? ____Yes ____No

Have you ever been convicted of a crime? ____Yes ____No

If yes, explain: _____

Education:

1. Level of High School: Number of years completed (circle one) 1 2 3 4 Diploma: ____Yes ____No
G.E.D.: ____Yes____No School name _____

2. College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5 6 7
School(s) _____

Degrees earned (w/ dates) _____

Describe other training or degrees _____

Previous Volunteer Experience: (Most recent experience first)

1. Organization _____ Date of volunteer service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor name _____

2. Organization _____ Date of volunteer service: From _____ To _____
Address _____
Position/Duties _____
Telephone _____ Supervisor name _____

Employment History: (Most recent experience first)

Employer _____ Date of employment: From _____ To _____
Address _____
Position/Duties _____
Telephone _____ Supervisor name _____

Employer _____ Date of employment: 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
If yes, how long have you been a Christian? _____

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

4. Please provide the following information concerning your local church.
Church name _____ Denomination _____
Address _____
Pastor's name _____ Phone _____
Positions in which you have served _____

5. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

6. Have you had any traumatic experiences relating to abortion? _____ Yes _____ No

Explanation: _____

7. When do you feel sexual intercourse is morally permissible?

Explanation: _____

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

_____ Never an option
_____ In cases of rape or incest
_____ In cases where the mother's life was in extreme peril
_____ In cases of extreme psychological distress
_____ Other (specify) _____

9. How would you rate yourself in the following areas?

a. Knowledge of abortion methods	excellent	good	fair	poor
b. Knowledge of current laws concerning abortion	excellent	good	fair	poor
c. Knowledge of what the Bible teaches about abortion	excellent	good	fair	poor

10. Are you currently or have you ever been involved in seeking to adopt a child? _____ Yes _____ No

(If yes, please explain) _____

11. What do you consider to be your possible areas of weakness?

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

References:

List persons who are not related to you and who have known you for at least two years, including your pastor.

Name	Address/Email (required)	Phone #	Yrs acquainted	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

APPLICANT'S CERTIFICATION 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 Hill Country Pregnancy Care Center (HCPCC) to verify their accuracy and to obtain reference information concerning my character and capabilities. I release HCPCC 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 HCPCC to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at HCPCC, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality, keeping information on clients/donors in the strictest confidence in accordance with the policies, even after I am no longer a volunteer.

I recognize that, as a volunteer, I will serve in a different role than the employees of HCPCC, 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 HCPCC's Statement of Faith.

Signature of Applicant: _____

Print Name: _____

Date: _____

PLEASE RETURN TO: Hill Country Pregnancy Care Center
439 Fabra Street, PO Box 205
Boerne, TX 78006

HCPCC STATEMENT OF FAITH

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

Commentary: The Bible is altogether true because it is revelation from God (2 Timothy 3:16). Therefore, it is fully authoritative over the life of the believer and the conduct of ministry. All legitimate authority in ministry is derived from the Scriptures and subordinate to them.

Different churches make special claims for their leaders, or in some cases the leaders make special claims for their own authority over others, but claims of personal spiritual authority are irrelevant to the governance of the HCPCC ministry. Immediate leadership of the ministry rests with the Board of Directors and their authority must be the Scriptures. Therefore their authority is not unfettered. It is defined foremost by the obligations laid upon all Christians by the Bible (Romans 13:1-6). These include obeying the laws of the state and honoring agreements they have made, including the affiliation agreement and any contractual arrangement with personnel, landlords, etc.

2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.

Commentary: No one denying the Trinity (Matthew 28:19) should be allowed to serve in the HCPCC ministry. Some groups deny the existence of the Father, the Son, and the Holy Spirit as distinct persons, opting instead for the belief that these are mere manifestations or forms in which God reveals Himself. Other groups, including the Mormons and Jehovah's Witnesses, deny the absolute deity of Christ (John 1:1 and Romans 9:5).

3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His Miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory.

Commentary: Acceptance of the historical facts of the gospel is essential for true faith (1 Corinthians 15:1-6). Regardless of their claims, persons who deny or doubt the resurrection of Christ or the other facts of His life as presented in the Bible should not be permitted to serve in the ministry.

4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.

Commentary: The apostle Paul reserved his harshest warning for those who abandoned, added to, or distorted the gospel he preached (Galatians 1:8-10). These warnings were necessary because of the tendency within men and women to deny that their condition before God is so wretched, so hopeless and futile that they can do nothing to please God or earn His favor (Ephesians 2:1-3; Romans 1:18-32; 3:1-19; Genesis 6:5). Denying their hopeless position, they distort the gospel into a "faith plus" proposition in

which God provides a measure of mercy, but it is up to men and women to complete what is necessary for salvation through works of righteousness.

Care Net also rejects the unbiblical teaching of universalism, which teaches that in the end all men and women will be saved and spend eternity in heaven (see point 6). An act of God leading to profession of belief is necessary for salvation. Care Net also believes that no salvation is available apart from specific belief in Jesus Christ.

5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.

Commentary: Although good works are not a means of salvation, they are the fruit, or result of salvation. After stating that salvation is by grace through faith, the apostle Paul immediately went on to admonish the Ephesians: “For we are His workmanship, created in Christ Jesus for good works, which He prepared beforehand, that we should walk in them” (Ephesians 2:10). Genuine faith is always accompanied by works of faith. James said, “Faith without works is dead” (James 2:17).

The Holy Spirit is present in the life of every believer. Although there is controversy over the nature and expressions of the Spirit’s work within the church, this controversy has no place in the pregnancy care center ministry. A believer’s position on charismatic worship and practices should not be a determining factor on whether he or she may volunteer. However, those who engage in divisive dialogue should be admonished to refrain from such activity.

6. We believe in the resurrection of both the saved and the lost: They that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation.

Commentary: Heaven and hell are both realities taught by our Lord (Matthew 25:31-46). Understanding the eternal consequences of unbelief is especially important in the pregnancy care center ministry because of our commitment to evangelism. We are concerned not only with the life and death of unborn children, but with the eternal destiny of our clients.

Care Net rejects universalism (that everyone ends up in heaven) and annihilation (that some souls are destroyed and do not spend eternity in hell). Because of this belief, evangelism has a very high priority in our ministry.

7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Commentary: While there are many local expressions of the body of Christ, the Church is one (Ephesians 4:1-7). Because of this spiritual unity of believers, Care Net and its affiliate centers are inclusive in allowing Bible believing Christians from different denominations and Church traditions to serve. Working together with believers from many different backgrounds is an especially gratifying aspect of the pregnancy care center ministry.

AGREEMENT

As an HCPCC Volunteer, I understand that I must:

1. Be a Christian having an evident personal relationship with Jesus Christ, and a lifestyle that is holy and pleasing to the Lord.
2. Be an active, serving and faithful member of a local church and am expected to be in obedience and submission to my pastor's/priest's spiritual authority and receive the spiritual blessing and covering of my church family.
3. Agree with the HCPCC Mission Statement and Statement of Faith and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and the Executive Director.
4. Be willing to abide by policies and direction of the HCPCC and staff under the overarching guidelines and authority of CareNet.
5. Believe in the sanctity of human life as taught in the Bible and therefore reject abortion as an alternative for a woman facing a crisis pregnancy regardless of the circumstances, and not recommend or refer for abortions or abortifacients.
6. Accept the responsibility to act as an advocate on behalf of the woman under my care; to give accurate information, emotional support, and spiritual guidance.
7. Be able to maintain confidentiality for all clients receiving services at the HCPCC to include social media and any other forms of communication. I will keep all information on Center clients in the strictest confidence in accordance with Center policies even after I am no longer a volunteer.
8. Commit to 3 hours a week at a scheduled time (or work out flexible hours) and attend additional training and in-services.

As an HCPCC Volunteer, I understand that:

9. If I have had an abortion, I am required to complete the post abortion Bible study.
10. If a member of my immediate family has received lay counseling services, I will be asked to wait 2 years from the time of services in order to become a volunteer, allowing time for healing and objectivity to be restored.
11. If I have a family member requesting services, I will be asked to refrain from discussion with other volunteers or staff regarding that family member. I will refrain from reviewing any and all records or correspondence relating to that family member.

Volunteer Signature

Date

Background Release



Background Checks for
Volunteers by true hire

In connection with this application for my service at Hill Country Pregnancy Care Center, I understand that an
(NAME OF ORGANIZATION)

investigative consumer report may be requested now by True Hire, and in the future as terms of my continued employment. This report may include information pertaining to my character, education, work history, credit history, motor vehicle records, and criminal information contained within any government agency, Federal, State, or Local. This information shall include, but not be limited to, verifying any statements made on my application.

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to Company or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

If required, I specifically authorize a credit report to be obtained on myself. If required, I specifically authorize workers compensation claim information to be obtained on myself by True Hire.

I recognize and agree that a copy or facsimile of this document shall be as valid as the original and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope of the investigative report.

Confidential Information Used for Background Checking Purposes Only

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	PHONE	EMAIL	
PRESENT ADDRESS		CITY, STATE, ZIP		COUNTY

Please list any previous addresses you have had in the past 7 years:

STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)
STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)
STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)

Please list any former names (i.e. maiden or otherwise) you have used in the past 7 years (including years used):

[1] FORMER NAME	[2] FORMER NAME	[3] FORMER NAME	[4] FORMER NAME
[1] DATES USED (FROM/TO)	[2] DATES USED (FROM/TO)	[3] DATES USED (FROM/TO)	[4] DATES USED (FROM/TO)

Please list any former felonies or misdemeanors you have been convicted of in the past 7 years:

FELONY OR MISDEMEANOR	DATE & CHARGE	COUNTY/STATE	DISPOSITION
FELONY OR MISDEMEANOR	DATE & CHARGE	COUNTY/STATE	DISPOSITION

Sign Here

Signature:

Date: