

- Calculator
- Art Work/Desktop Publishing
- Word Processing
- WordPerfect Microsoft Word

Other computer-related skills not listed: _____

SECTION V- MEDICAL PROVIDERS INFORMATION
NOTE – IF NOT A MEDICAL PROVIDER (I.E., NURSE, DOCTOR, ETC) CONTINUE TO SECTION VI

Type of Medical License	License #	State of Issuance		
Professional Sanctions/Special Conditions		Yes	No	N/A
Has your license to practice in any jurisdiction ever been denied, restricted, limited suspended, revoked, canceled, and/or subject to probation either voluntarily or involuntarily, or has your application for license ever been withdrawn?				
Have you lost any board certification(s), and/or failed to rectify?				
Has any information pertaining to you, including malpractice judgements and/or disciplinary actions ever been reported to the National Practitioner Data Bank (NPDB) or any other practitioner data bank?				
Are you in good standing with the state licensing board?				
Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?				
Do you maintain personal professional medical liability insurance? If yes please list name of Insurance Company and policy #.				
Have any professional liability lawsuits been filed against you during the past ten years?				
Have you ever been denied professional insurance?				
I am attaching a copy of medical license and driver's license. I agree to notify Hope of the Delta of any circumstances that would change my status in licensure, DEA, liability insurance coverage, board certification status, or hospital privileges.				
Signature			Date	

SECTION VI- PREVIOUS VOLUNTEER EXPERIENCE

Organization	Address	City/ST/Zip
Dates of Service		

Description of Duties	
Supervisor Named	Phone #

Organization	Address	City/ST/Zip
Dates of Service		
Description of Duties		
Supervisor Named	Phone #	

SECTION VII - EMPLOYMENT HISTORY

Employer	Address		City/ST/Zip
From (MM/YY)	To (MM/YY)	Starting Salary	Starting Position
Name of Supervisor/Phone		Ending Salary	Position on Leaving
Description of Duties		Reason for Leaving	

Employer	Address		City/ST/Zip
From (MM/YY)	To (MM/YY)	Starting Salary	Starting Position

Name of Supervisor/Phone	Ending Salary	Position on Leaving
Description of Duties	Reason for Leaving	

Employer	Address	City/ST/Zip	
From (MM/YY)	To (MM/YY)	Starting Salary	Starting Position
Name of Supervisor/Phone	Ending Salary	Position on Leaving	
Description of Duties	Reason for Leaving		

SECTION VIII - ADDITIONAL INFORMATION

What is your reason for seeking to volunteer here? _____

Do you consider yourself a Christian? Yes No

If yes, how long have you been a Christian? _____

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

Are you a church member? If yes, please list below:

Church Name _____ City, ST _____

How long have you been a member of this church? _____

Name of and phone # of the pastor of your church _____

Have you ever been convicted of a crime? Yes No

If yes, explain

Have you ever been the subject of a civil or criminal or administrative action or been notified in writing that you are being investigated as the possible subject of a civil, criminal, or administrative action regarding sexual misconduct, child abuse, domestic violence or elder abuse? Yes No

This organization is a pro-life Christian 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 the center.

Have you ever walked through a pregnancy decision with a woman or man who was considering abortion?

Yes No

If yes, please share what advice/encouragement you gave them:

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

If yes, please explain

Under what circumstances do you consider abortion as a good alternative for a woman with an unplanned pregnancy?

- Never an option
- In cases of rape or incest
- In cases where the mother's life is in extreme peril
- In cases of emotional distress
- Other (please explain) _____

How would you rate yourself in the following areas?

Knowledge of abortion methods	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Knowledge of current laws concerning abortion	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Knowledge of pregnancy & fetal development	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Knowledge of what the Bible teaches about abortion	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

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

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

If you would like to record other information, skills, or work related experience that is not included on another page, please use the space provided below.

SECTION IX - REFERENCES List four references that are not relatives or employees you've known for at least three years

NAME	ADDRESS, CITY, ST, ZIP	PHONE
NAME	ADDRESS, CITY, ST, ZIP	PHONE
NAME	ADDRESS, CITY, ST, ZIP	PHONE
NAME	ADDRESS, CITY, ST, ZIP	PHONE

SECTION X - GENERAL INFORMATION

Driver's License Number _____ Social Security Number _____

Are you legally eligible for employment in the United States? Yes No

May we contact your present employer now? Yes No Date of Birth _____

SECTION XI - APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in my dismissal. I authorize **Hope of the Delta** to make an investigation of any other facts set forth in this application and to obtain reports from credit reporting and law enforcement agencies concerning my background. I release any person or entity providing 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 understand that employment with Hope of the Delta is "at will," which means that either I Hope can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the corporation, other than the CEO, has any authority to alter the foregoing.

I hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to Hope of the Delta. This consent is given in accordance with Act 1474 of the 1999 General Assembly of the State of Arkansas.

Date _____ Applicant's Signature _____

**SECTION XII – BACKGROUND CHECK AUTHORIZATION
(\$17 FEE/IF UNABLE TO PAY CENTER WILL COVER THE COST)**

Print full name (first, middle, last)

Former name(s) [Maiden Name]

Previous address (if less than 7 years at current)

Previous address (if less than 7 years at current and previous addresses)

Social Security #

Telephone #

Driver's License #

Email address

I hereby authorized Hope of the Delta Center and its designated agents and representative to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation to divulge any and all information, verbal or written, pertaining to me, to Hope of the Delta Center or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Hope of the Delta Center and its designated agents and representatives shall maintain all information received from the authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security number, and date of birth

Signature

Date

SECTION XIII – STATEMENT OF BELIEF AND FAITH

STATEMENT OF BELIEF

THE CHILD

1. The Bible clearly teaches the humanity, personhood, intrinsic value, and divine creation of the pre-born child.
2. The only possible justification for terminating the life of the pre-born child is preventing the death of the mother.

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 pre-born child, her own life, and her response to God.

The Christian

1. Each Christian has a divine obligation to protect the pre-born child and promote the sanctity of life.
2. For the Christian to fail to protect the life of the pre-born child is a sin.
3. A Christian is called to minister through the church to the pregnant woman and her child.

STATEMENT OF FAITH

1. We believe the Bible 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 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 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 to understand truth, exalts Christ, convicts of sin, calls men to the Savior, and effects regeneration. We believe He empowers believers to live godly lives, comforts believers, and bestows spiritual gifts on believers by which they serve Him.
5. We believe that, for the salvation of 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. *“For by grace you have been saved through faith. And this is not your own doing; it is the gift of God, not a result of works, so that no one may boast.” Ephesians 2:8-9*
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 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 truth.

I have read the statement of Belief and Faith. I am in complete agreement with both statements

Signature

Date

SECTION XIV – STAFF/VOLUNTEER PLEDGE

Recognizing that Hope of the Delta Center is a Christian ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior.

During my tenure with Hope of the Delta, I will conduct myself in a professional manner. I will respect the moral and faith based values of Hope of the Delta and will act accordingly. I will represent the center’s standards with respect outside of my contact with Hope.

I believe in the sanctity of human life as taught in the Bible; therefore, I reject abortion as an acceptable option for any woman facing a crisis pregnancy, except to save the life of the mother.

I believe in chastity outside of marriage and in the sanctity of marriage as taught in the Bible. Therefore, I commit to a lifestyle of sexual purity.

I 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.

I will keep **ALL** information on Hope's clients, staff, donors, prayer requests, etc., confidential in accordance with center policies. I will consistently uphold the center's policies relating to confidentiality, even after I am no longer a staff/volunteer.

I have read, understand, and agree to the Staff/Volunteer Pledge and will at all times uphold it, as well as all policies and procedures established by the Board of Directors and/or CEO.

Signature

Date

SECTION XV – MEDIA & PRAYER RELEASE FORM

Hope of the Delta has a network of intercessors that pray over the volunteer staff calendar daily. I hereby give my consent for Hope of the Delta to contain my name and work schedule on these communications.	Yes	No
I hereby authorize Hope of the Delta to use any and all video testimony, statements, or pictures of me for any purpose they deem necessary. (Newsletters, Facebook, etc)		
Hope of the Delta often lists names of staff and volunteers on promotional material. I hereby release Hope to include my name on these lists.		
Signature	Date	