



Providing compassion, hope, and life-affirming support & Equipping Iredell County with Truth, Purpose, and Integrity

VISION

To be the first resource women choose when facing an unplanned pregnancy, enabling them to choose God's abundant life for themselves and their families.

MISSION

Empowering women and men to make healthy life-affirming choices regarding pregnancy, relationships, and sexual health.

Values

Christ-centered, compassionate, non-judgmental, confidential, relational, relevant, and truthful.

STATEMENT OF FAITH

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
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.
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.
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.
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.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ



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Commitment of Care & Competence

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability, or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
6. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
7. We do not offer, recommend, or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
8. All of our advertising and communication are truthful and honest and accurately describe the services we offer.
9. We provide a safe environment by screening all volunteers and staff interacting with clients.
10. We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
11. We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
12. All of our staff, board members, and volunteers receive appropriate training to uphold these standards.



Confidential Volunteer Application

Name:

Address:

City/State

Zip

Email Address:

DOB:

Phone:

Cell:

Marital Status:

Spouse:

Children's Names & Ages:

EMPLOYMENT BACKGROUND:

Employer:

Occupation:

How long?

Full time or Part time:

Previous Work History (Past 3 years)

Where:

How long:

EDUCATIONAL BACKGROUND:

Highest Level of Education (Highschool, College, etc)

List any special training, areas of concentration, biblical studies, or education experiences.

TRAINING/GIFTS:

1. What are your strengths?

2. What are your possible areas of weakness?

3. What personality types do you have difficulty working with?

CHRISTIAN WALK

1. Do you consider yourself to be a Christian?

If yes, please explain what it means to be a Christian.

2. How long have you been a Christian?

Briefly give your personal testimony.

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3.	How has your life changed since your personal relationship with Jesus Christ began?
4.	Which church do you attend?
Pastor's Name:	
5.	How long have you been involved at your church?

GENERAL INFORMATION:

1.	How did you hear about the Pregnancy Resource Center?						
2.	What is your reason for wanting to get involved with PRC?						
4.	Have you ever counseled a woman who was considering an abortion?						
If yes, please explain:							
5.	Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Never an option</td> <td style="width:50%; text-align: center;">Extreme psychological stress</td> </tr> <tr> <td style="text-align: center;">Life of the mother</td> <td style="text-align: center;">Other, please explain</td> </tr> <tr> <td style="text-align: center;">Rape/incest</td> <td> </td> </tr> </table>		Never an option	Extreme psychological stress	Life of the mother	Other, please explain	Rape/incest	
Never an option	Extreme psychological stress						
Life of the mother	Other, please explain						
Rape/incest							
6.	Have you had any traumatic experiences related to abortion?						
If yes, please explain.							
7.	How do you feel about a single woman parenting her baby?						
8.	Are you currently seeking to adopt a child?						
9.	When do you feel sexual intercourse is morally permissible?						
10.	What are your feelings regarding birth control for teenagers or single adults who are sexually active?						

REFERENCES:

Please list the names and addresses of a Christian leader who knows you well and two other people who have known you at least one year.

Spiritual Reference

Name:	Phone:
Email Address:	

Professional Reference

Name:	Phone:
Email Address:	

Personal Reference

Name:	Phone:
Email Address:	

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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, and I authorize the Pregnancy Center to verify their accuracy and to obtain reference information on my work performance and character.

I further certify that I have read and that I am in full agreement with the Pregnancy Center's Statement of Faith and Statement of Principle.

Signature of Applicant: _____ Date: _____

We would love to know where you feel most led to help us.		Please check all that apply.
<input type="checkbox"/> Front Desk	<input type="checkbox"/> Client Advocate	<input type="checkbox"/> Baby Boutique
<input type="checkbox"/> Prayer Team	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> TruthGirlz Mentor

