



Volunteer Application

Dear Friend of Grace House Ministries,

Thank you for your interest in impacting our community and joining the Grace House Ministries team. Everyday our staff is making a difference in the lives of young people and families throughout our county and your life and time can make a difference too!

For more information visit: www.gracehouseministries.net

Complete the volunteer application and return it at your earliest convenience.

Email: info@gracehouseministries.net

Post: Grace House Ministries

P.O. Box 1416

Weatherford, TX. 76086

After your application has been reviewed we will make necessary inquiries of your references, then you will be contacted for a personal interview. We look forward to you joining the team and bringing hope, life and knowledge to our community.

Sincerely,

The Grace House Ministries Team

MISSION

Believing life is sacred, begins at conception, originates and ends by God's determination, Grace House Ministries engages the community with an integrated approach to offer life-affirming support and resources through services provided by the Options Clinic, Grace House Pregnancy Center, and the Pure Truth in-school training program.

VISION

We carry out this mission through providing free pregnancy testing and limited obstetrical ultrasound, education, and pre-natal resources. We also share God's plan for marriage, child bearing, and the sanctity of life.

PURPOSE

- Protecting the unborn
- Providing support services for those facing an unplanned pregnancy
- Promoting sexual abstinence until marriage

KEY VALUES

- Belief in the sanctity of human life
- The dignity of women and motherhood
- The irreplaceable value of fatherhood
- The gospel of Jesus Christ
- The soundness of sexual purity, marriage, and family

VOLUNTEER EXPERIENCE

List most recent volunteer experience first.

Organization: _____

Date of volunteer service: From _____ To _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor name: _____

Organization: _____

Date of volunteer service: From _____ To _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor name: _____

EMPLOYMENT HISTORY

List most recent employment first.

Organization: _____

Date of employment: From _____ To _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor name: _____

Organization: _____

Date of employment: From _____ To _____

Address: _____

Position/Duties: _____

Telephone: _____ Supervisor name: _____

AVAILABILITY


Please mark all that apply

Days of Week: Monday Tuesday Wednesday Thursday Friday

Preference in Volunteer Time: Morning Afternoon I'm flexible

VOLUNTEER INTERESTS/ROLES

Please mark ALL roles you may be interested in, and we will discuss with you the option that best suits your calling.

 = 1 hour

<input type="checkbox"/> OPTIONS CLINIC CLIENT ADVOCATE: weekly Meet with clients to discuss their pregnancy options	TIME COMMITMENT 
<input type="checkbox"/> GRACE HOUSE PREGNANCY CENTER BOUTIQUE ORGANIZER: weekly Sort donations and maintain appearance of boutique	TIME COMMITMENT  - 
<input type="checkbox"/> GRACE HOUSE PREGNANCY CENTER CLERICAL ASSISTANT: weekly Assist with sorting, filing, and other general clerical duties	TIME COMMITMENT 
<input type="checkbox"/> GRACE HOUSE PREGNANCY CENTER INSTRUCTOR: on occasion Use expertise and/or experience to teach a class session(s) at GHPC.	TIME COMMITMENT  - 
<input type="checkbox"/> EVENT ASSISTANT: on occasion Assist with event preparation and day of event responsibilities	TIME COMMITMENT 
<input type="checkbox"/> BULK MAIL OUT ASSISTANT: quarterly Assist with bulk mail out preparation	TIME COMMITMENT  - 
<input type="checkbox"/> PURE TRUTH INSTRUCTOR: weekly Teach abstinence based curriculum in local middle and high schools	TIME COMMITMENT  - 

CHURCH

Church Name: _____

How long have you attended? _____

Address: _____

Pastor's name: _____ Phone: _____

Positions in which you have served: _____

PERTINENT QUESTIONS

In order to best protect and serve the clients with whom you may be working, please answer all questions truthfully. We pledge to protect your privacy in these sensitive issues and promise to handle all matters appropriately and with the utmost integrity and discretion. If you answer "yes" to any of the following questions, please attach an explanation on a separate piece of paper.

- Do you have any mental, behavioral, or physical condition or illness which could affect your ability to work with minors? _____ Yes No
- Are you taking any prescription medications with side effects that might affect your ability to work with minors? _____ Yes No
- Are there any allergies, illnesses, or other health concerns we should be aware of? _____ Yes No
- Have you ever been convicted of or plead guilty to a crime? _____ Yes No
- Have you ever been accused of, engaged in or investigated for any form of sexual misconduct or child abuse involving a minor or an adult? _____ Yes No
- Have you used illegal drugs in the past 12 months? _____ Yes No
- Have you gone through treatment for alcohol or drug abuse in the past 12 months? _____ Yes No
- Have you ever been a victim of physical, sexual, or emotional abuse? _____ Yes No
- Have you ever had any painful life experiences as a child / minor that would hinder you from a productive ministry with minors? _____ Yes No
- Have you ever been asked to leave a church or otherwise terminate your voluntary service to any program? _____ Yes No
- Have you ever been asked to step away from ministry or work with minors in any setting, paid or volunteer? _____ Yes No
- Is there any reason why you should not work with minors? _____ Yes No
- Is there anything in your past or current life that might be a problem if we found out about it later? _____ Yes No
- Have you had any traumatic experiences relating to abortion? _____ Yes No
- Have you ever counseled a woman who was considering abortion? _____ Yes No
- Have you ever struggled with pornography? _____ Yes No
- Are you currently, or have you ever been involved in seeking to adopt a child? _____ Yes No

ADDITIONAL INFORMATION

1. 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: _____

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

- Knowledge of abortion methods excellent good fair poor
- Knowledge of current laws concerning abortion excellent good fair poor
- Knowledge of what the Bible teaches about abortion excellent good fair poor

3. What special skills, talents, gifts, or personality traits would you bring to this ministry?

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

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

6. What is your reason for seeking to volunteer here?

7. 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.

SALVATION TESTIMONY QUESTIONS

1. What was life like before you made the decision to follow Jesus Christ?

2. How did you realize you needed Christ?

3. Why and how did you receive Jesus as savior?

4. What difference has the decision to follow Christ made in your life?

5. How are you currently seeing God work in your life?

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 Grace House Ministries (GHM) to verify their accuracy and to obtain reference information concerning my character and capabilities. I release GHM 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 GHM to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer with GHM, 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 Grace House Ministries, 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.

AGREEMENT: By checking this box, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Electronic Signature: _____ Date: _____
(Please type your first and last name)

BACKGROUND CHECK AUTHORIZATION FORM

As an employee or volunteer of Grace House Ministries, Weatherford, Texas, I authorize Grace House Ministries to procure a criminal background check from the Texas Department of Public Safety, or any State Public Safety Department from which I have moved or lived. I understand that report will include previous names, previous addresses, and any criminal record I may have.

I understand I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such an investigation includes information bearing on my character, general reputation, or personal characteristics. Neither my driving record nor my credit record will be obtained.

Electronic Signature: _____ Date: _____
(Please type your first, middle and last name)

Date of Birth:

SSN:

CODE OF CONDUCT

We believe that, as a ministry of our God and Savior, Jesus Christ, it is our duty by personal testimony to live a life that honors Him. Accordingly, Grace House Ministries has adopted the following code of conduct for all board members, staff members, and volunteers:

While knowing that we are all sinners in need of our Savior, we must strive to conquer sin and live in such a way that does not bring disrepute to our Christian faith or this ministry. While this is a broad statement and by necessity is subject to some interpretation for individual circumstances, particular areas of focus would include behavior that is illegal or clearly immoral under the Christian faith – including, but not limited to, sexual activity outside of marriage, drug and alcohol abuse, and financial impropriety. Failure to abide by this code of conduct is grounds for dismissal at any level of this ministry.

I have read and understand my duty to abide by this Code of Conduct. I understand that by signing, I have not created a contractual relationship for employment with this Ministry.

Electronic Signature: _____ Date: _____
(Please type your first and last name)

STATEMENT OF FAITH

The following statement is adapted from that of Care Net, a national pregnancy center affiliate organization. Understanding that believers in Christ hold to a variety faith traditions and desiring that all believers be able to contribute to the work of this ministry, GHM has provided a Joint Statement of Faith on the following page for those who find it more in keeping with their beliefs. Please read and sign one or both of these statements.

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- 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.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that salvation is received through faith in Jesus Christ as savior and lord and not as a result of good works.
- 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.
- We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.
- We believe that biblical marriage, as defined by the Holy Bible, is a lifetime covenant relationship between one natural-born man and one natural-born woman.

Electronic Signature: _____ Date: _____
(Please type your first and last name)

JOINT STATEMENT OF FAITH

As members of the body of Christ our universal aim and mission is the profession of Faith in Jesus Christ. This message permeates every aspect of who we are as children of God and resonates in our ministerial outreach. Cognizant of the various faith traditions that we work with at Grace House Ministries, we respect a common Creed of faith as found in the Apostles Creed of these faith traditions that in no way directs the faithful to ignore or defy their own faith tradition.

It is the desire of Grace House Ministries that our Statement of Faith adapted that of Care Net not be an impediment to any follower of Christ participating in this life-affirming work. Let this Joint Statement of Faith serve to unify all those who seek to partner with us.

The Apostles' Creed

I believe in God, the Father almighty, Creator of heaven and earth, and in Jesus Christ, his only Son, our Lord, who was conceived by the Holy Spirit, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, died and was buried; he descended into hell; on the third day he rose again from the dead; he ascended into heaven, and is seated at the right hand of God the Father almighty; from there he will come to judge the living and the dead. I believe in the Holy Spirit, the holy catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and life everlasting. Amen.

Electronic Signature: _____ Date: _____
(Please type your first and last name)

STATEMENT OF PRINCIPLE

1. Grace House Ministries (GHM) is an outreach ministry of Jesus Christ through His church. Therefore, the pregnancy center, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women with crisis pregnancies both in word and deed. Commensurate with this purpose, those who labor as pregnancy center board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. GHM is committed to providing clients with accurate and complete information about both prenatal development and abortion.
3. GHM is committed to integrity in dealing with clients, earning their trust and providing promised information and services. The pregnancy center denounces any form of deception in its corporate advertising or individual conversations with clients.
4. GHM is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope, and plan constructively for themselves and their babies.
5. GHM does not discriminate in providing services because of race, creed, color national origin, age or marital status of its clients.
6. GHM does not recommend, provide, or refer for abortion or abortifacients.
7. GHM offers assistance free of charge at all times.
8. GHM is committed to creating awareness within the local community of the needs of pregnant women, and of the fact that abortion only compounds human need rather than resolving it.
9. GHM does not recommend, provide, or refer clients for contraceptives.
10. GHM recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to other life-saving alternatives. We are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. We receive no payment of any kind from these agencies, do not enter into contractual relationships with them, and do not share combined office space. Adoption agencies are not established under the auspices of GHM. We neither initiate nor facilitate independent adoptions.

Electronic Signature: _____ Date: _____
(Please type your first and last name)

CONFIDENTIALITY POLICY

Every client seen at Grace House Ministries is promised confidentiality and every member of the center staff has a duty to uphold confidentiality. The only exceptions are when required by law or morally compelling circumstances to break confidentiality. If a client situation arises that may require reporting, that action is taken through the Executive Director.

Procedure:

1. Confidential information is shared only with persons who have a legitimate need to know.
2. Prayer requests made for clients are to be generic in nature and contain no identifying details.
3. Volunteers will not discuss details of client cases with each other.
4. If a client knows a staff member, that client should be assured of confidentiality and the availability of other counselors.
5. Center staff will not identify themselves when leaving phone messages for clients.
6. Client files and information that reveal the identity of clients should be kept in a locked and secure area. The files may be kept unlocked during business hours, but locked at all other times.
7. When anyone other than the client requests information concerning the client, that request will be refused unless the client's written permission has been obtained in person, through a Notary Public, or subpoena or court order is issued.
8. Client information is not to be given over the phone to anyone, including the client.
9. Staff employees/volunteers have access to client files as needed to complete client care. It is our desire for each staff to manage their own client files, but access is available to those that need to meet the client's needs on a daily basis.
10. Client information is maintained in a file cabinet, and in a database system (eKyros). The file cabinet remains unlocked during regular business hours. The necessary passwords for access to the database system are changed every 30 days, and access is only granted by those that have the correct password – which includes counseling and medical staff.
11. Client records at Grace House Pregnancy Center are kept for seven (7) years. Paper records are shredded and database records deleted at GHPC. Our medical clinic (Options) maintains and keeps medical records indefinitely.
12. All clients will be protected from disclosure of information that violates their right to privacy except where required by law, i.e. child abuse, suicide prevention.

Electronic Signature: _____ Date: _____
(Please type your first and last name)

VOLUNTEER ACKNOWLEDGEMENT AND PLEDGE

I acknowledge that Grace House Ministries is a Christian ministry which requires that all volunteers subscribe to its Statement of Faith and which further requires that all volunteers uphold Christian morals and standards within their daily lives. Accordingly, I pledge as follows:

1. I have personally accepted salvation, made available through the atoning work of Jesus Christ, in perfect unity with God the Father and the Holy Spirit.
2. I have read the Statement of Faith and the Statement of Principle of Grace House Ministries, and I am in full agreement.
3. During the time I volunteer with Grace House Ministries, I will consistently seek to live my life in a way that upholds Christian morals and standards.
4. Recognizing the commands of the Bible and the fact that this ministry is committed to proclaiming a message of sexual abstinence, I will, while volunteering at Grace House Ministries, refrain from engaging in any sexual relationships outside the bonds of Christian marriage.
5. 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 an unplanned pregnancy. (When a situation arises where a woman's life is at risk, GHM advocates taking measure to preserve her life, hoping that the woman and her child can both be saved.)

I also acknowledge that I have read, understand, and agree with Grace House Ministries' Statement of Principle and will at all times uphold it, as well as all Policies and Procedures established by the Board of Directors and the Executive Director.

I accept the responsibility to act as an advocate on behalf of the women to whom I minister; to give accurate information, emotional support, and spiritual guidance. ALL INFORMATION CONCERNING CLIENTS WILL BE KEPT IN STRICTEST CONFIDENCE, even after I am no longer a volunteer.

Understanding the vital role volunteers play in the work of the center, I commit myself to faithfully serve. Additionally, I agree to enter into my role as a volunteer without any expectation of receiving any compensation for the services I may perform.

Electronic Signature: _____ Date: _____
(Please type your first and last name)

Disclosure Regarding Background Checks

Grace House Ministries
PO Box 1416 | Weatherford, TX 76086
817-599-9080

Grace House Ministries is committed to providing a safe, secure environment that includes putting the right volunteers into the right positions within our organization and conducting background checks on our volunteers.

Grace House Ministries Will Obtain a Background Check

You acknowledge and understand that in connection with your volunteer application with Grace House Ministries (including any independent contract for services) or when deciding whether to modify or continue your ongoing involvement, we may obtain a background check on you from Trak-1, a background screening agency, or from any third party, in strict compliance with both state and federal law.

Reports May Contain

The background check may contain public record information which may be requested or made on you including, but not limited to: criminal records, civil cases in which you have been involved, education records, previous employment history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied a volunteer position based in whole or in part on information obtained in the background check, you will be provided a copy of the report, the name, address and telephone number of the background screening agency. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, OK 74136
1-800-600-8999 | CustomerCare@Trak-1.com

Authorization to Obtain Background Check

The following is accurate and complete information required in order for Grace House Ministries to request Trak-1 to perform a background check on you and in the process obtain a complete background screening about you:

Full Legal Name : _____
(First Name, Full Middle Name, Last Name)

All Previously Used Former or Other Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Prior Street Address 1: _____ Dates Resided Here: _____ to _____

City: _____ State: _____ Zip: _____

Current Email Address*: _____ Gender**: M / F Race**: _____

Social Security Number: _____ Date of Birth**: _____

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to Grace House Ministries any records or information referenced in the provided disclosure statement for volunteer related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your relationship with Grace House Ministries to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish Grace House Ministries and/or Trak-1 with any and all background information in their possession regarding you for these stated volunteer purposes;
- 5) You understand and agree that in connection with your volunteer application background check information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the volunteer process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate.

Electronic Signature: _____ Date: _____

**Your email address will be provided to notify you when any adverse public record information is being reported.*

*** This information will be used for background screening and record matching purposes only.*