

Client Contact Volunteer Application

This is a fillable form. At times it takes a while for all pages to open up. If "continue to next page" appears on a page, there are more pages loading.

After completion, save this form to your hard drive, then send as an attachment in an email to Laura Bond. laura@pregnancyoutreach.org

Date:

Name:

Street Address:

City:

State:

Zip:

Cell Phone:

Email:

Marital Status: Married Single Widow/Widower Divorced

Spouse's Name (if applicable):

Date of Birth:

Gender:

Your Occupation:

Employer:

Church:

Continue to next page.

For what reason(s) do you want to volunteer with APO?

Please describe any previous experience working with young women or men? Yes No

If yes, please describe:

Do you have a connection with adoption or unplanned pregnancy? (either experienced by you personally or by someone close to you) If yes, please describe to the extent you feel comfortable.

Do you have desire to adopt a child? Yes No

(We ask because some volunteer positions may put you in a position of conflict if you are hoping to adopt.)

If yes, briefly describe avenues taken toward adoption:

What type of role do you see yourself serving in with APO? (check all that apply)

- Mentor Mom / Mentor Dad to teen parents
- Transportation for the Mama Club
- Host Family

Other

The following volunteer opportunities do not require the extensive "Client Contact Volunteer Application." If only volunteering for the rolls below, you may stop after this page.

- Office assistance: data input, folding newsletters, etc.
- Office maintenance: fixing things that break or require upkeep
- Organizing donations and/or diapers
- Pit Crew (office cleaning)
- Other:

Continue to next page.

Reference References

List two references. They may personal and/or professional references.

Reference 1:

Personal or Professional

Full Name:

Address:

Number of years known?

In what capacity does this person know you?

Email:

Phone:

What type of phone is this? Home Cell Work

Reference 2:

Personal or Professional

Full Name:

Address:

Number of years known?

In what capacity does this person know you?

Email:

Phone:

What type of phone is this? Home Cell Work

Continue to next page

The statement of faith below outlines the beliefs of Aggieland Pregnancy Outreach. If yours are the same, please indicate at the bottom of the page.

ACKNOWLEDGMENT OF STATEMENT OF FAITH AGGIELAND PREGNANCY OUTREACH

We believe:

- the Bible to be the inspired, the only infallible, and authoritative Word of God.
- that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
- 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 ascension to the right hand of the Father and in His personal return in power and glory.
- 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 such as baptism, confirmation, being a member of a church, or other efforts to earn salvation. It is a gift from God, not anything we can earn.
- 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.
- 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.
- in the spiritual unity of believers in our Lord Jesus Christ.

(Organizations such as, but not limited to, Free Masons, Church of Jesus Christ of Latter Day Saints, and Jehovah's Witness are not in alignment with APO's Statement of Faith.)

I have read the above Statement of Faith. By my signature, digital or handwritten, I acknowledge that I share these same beliefs. If, at anytime there is a change in my beliefs, I will immediately make it known to Aggieland Pregnancy Outreach.

Signature:

Date:

If your beliefs differ from those of APO, please describe:

Continue to next page.

**ACKNOWLEDGEMENT OF STATEMENT OF PRINCIPLE
AGGIELAND PREGNANCY OUTREACH**

Aggieland Pregnancy Outreach

- believes that children in the womb who were not planned, expected, or wanted are to be as valued and protected as much as any other child.
- is committed to assisting women in the midst of unplanned pregnancies carry their babies to term by providing counseling and emotional support as well as necessary material assistance.
- does not advise for or refer for abortion services.
- offers pregnancy and parenting assistance free of charge at all times.
- does not discriminate in providing services to pregnant or parenting clients based on race, national origin, religion, gender, sexual identity, age or marital status.
- is committed to helping children born from unplanned pregnancies live the abundant life Jesus describes in John 10:10. We do this by pointing the adults in the children's lives to Christ.
- believes adoption is a positive option for women facing unplanned pregnancies.

I have read the above Statement of Principle. By my signature, digital or handwritten, I acknowledge that I share these same beliefs. If, at anytime there is a change in my beliefs, I will immediately make it known to Aggieland Pregnancy Outreach.

Signature:

Date:

If your beliefs differ from those of APO, please describe:

Continue to next page.

ACKNOWLEDGEMENT OF STATEMENT OF CONFIDENTIALITY AGGIELAND PREGNANCY OUTREACH

Aggieland Pregnancy Outreach provides confidential services to many people in need. As a volunteer, you might come in contact with some of our clients or learn about some of their stories. It is important that the confidentiality of such information is protected. We ask that you adhere to following guidelines in order to protect our clients.

- Do not discuss details of clients' stories with those outside of Aggieland Pregnancy Outreach.
- If you desire to add a client's concern to a prayer chain, do not mention a name, just a brief comment about the struggles and remind them that the Lord knows all the details.
- Occasionally, someone in the community may find out that you are involved with APO and may ask if _____ is an APO client. Do not give out that information. You may say that the identity of all APO clients is confidential so you are not at liberty to say.
- Never discuss a client with another staff member or volunteer in a social setting where another person could overhear.
- Never discuss client problems with other agencies, physicians, etc. without the clients' prior written consent.

Always keep in mind: If you were the client, would you want to have your trust betrayed?

I have read the above Statement of Confidentiality. By my signature, digital or handwritten, I acknowledge that I will follow these guidelines.

Signature:

Date:

If you are unable to follow these guidelines, please offer explanation:

Continue to next page.

WAIVERS AND STATEMENTS OF UNDERSTANDING

1. Do you agree to allow Aggieland Pregnancy Outreach and its affiliates to use your photograph and name for any and all promotional purposes? yes no

Comments:

2. Do you waive and release any and all claims for damages that may arise and/or for any type of injuries or losses you may incur while volunteering with or driving for Aggieland Pregnancy Outreach? yes no

Comments:

3. Do you understand that if you are selected to volunteer with Aggieland Pregnancy Outreach, you may be asked to have an FBI background check, a drug screen and a TB Skin Test at your own expense? yes no

Comments:

4. Is there anything that will come up on the background check, drug screen, or TB Skin test that you would like to tell us about in advance? yes no

Comments:

5. APO's licensing regulations stipulate that our volunteers must not be on criminal probation, parole, or volunteering to work off community service hours for the courts. Do you assert that you are **not** volunteering for any of these reasons? yes no

Comments:

6. APO volunteers must immediately report any suspected incident of abuse, neglect, or exploitation to the Texas Abuse and Neglect Hotline and the Executive Director or Program Director. Do you agree that you will abide by this mandatory reporting requirement?
 yes no

Continue to next page.

Consent for Central Registry and Criminal History Background Check

Date

ALL INFO IS REQUIRED

Name First:

Middle:

Last:

*Social Security Number:

*Texas Driver's License:

(MUST PRESENT TDL FOR VERIFICATION)

*Date of Birth (mm/dd/yyyy)

*Gender: Male Female

Street Address:

City:

State:

Zip:

County:

Telephone:

home phone

cell phone

Email:

If fingerprinting is required, instructions for making an appointment will be sent to you at this email.

Other cities of residence in Texas:

Have you lived **outside of Texas** in the past 5 years? Yes No

If yes, please indicate addresses **outside of Texas (including name of county)** where you have lived in the past 5 years.

Have you ever been listed as a caregiver in any foster or adoptive home? Yes No

Ethnicity: Hispanic Not Hispanic Other

Race: American Indian/Alaskan Native Asian Black
 Native Hawaiian/Pacific Islander White Unable to Determine

Other names I have been known by:

Maiden Name:

Previous Married Name(s):

Any other names/alias used:

By submitting this form, I give my permission to Aggieland Pregnancy Outreach, Inc. to initiate a search of the Central Registry (child abuse history) and to request a Criminal History Background check on me.

After completion, save this application to your hard drive, then send as an attachment in an email to Laura Bond. laura@pregnancyoutreach.org You must also send a scanned copy of (or photo of) your driver's license in order for us to submit your background check.