



Desired work location: ___ Mid west City
___ Norman

VOLUNTEER APPLICATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone Number _____ Social Security Number _____

Are you over 18 years old? ___ Yes ___ No Marital Status _____

Email Address: _____ Date of Birth _____

Have you ever been convicted of a crime? ___ Yes ___ No

EDUCATION

High School: Number of Years Completed (circle one) 1 2 3 4 School Name _____

Diploma ___ Yes ___ No G.E.D. ___ Yes ___ No

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

School(s) _____

Dates _____ Degrees Earned _____

Describe any other training or degrees: _____

PREVIOUS VOLUNTEER EXPERIENCE: List most recent volunteer experience first.

Organization _____ Date of Service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

Organization _____ Date of Service: From _____ To _____

Address _____

Position/Duties _____

Telephone _____ Supervisor Name _____

EMPLOYMENT HISTORY: List most recent employment 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. Why are you seeking to volunteer with us? _____
2. How much support do you have from your spouse/family? _____
3. Do you consider yourself a Christian? _____ Yes _____ No
If yes, how long have you been a Christian? _____
4. As a Christian, what is the basis of your salvation? _____

5. Please provide the following information about your church:

Church name _____ Denomination _____
Pastor's Name _____ Phone Number _____
Address _____
Positions in which you have served _____

6. This organization is a pro-life Faith-based ministry. We strive to demonstrate the love of Christ through the many services we provide surrounding an unplanned pregnancy. Please write a brief statement about your faith and how it would apply to the clients you may be serving at the Eden Clinic.

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

8. Have you ever counseled a woman who was considering an abortion? _____ Yes _____ No

Explain: _____

9. Have you had any traumatic experiences related to abortion? _____ Yes _____ No

Explain: _____

10. Have you ever known an unwed mother? _____ Yes _____ No

Explain: _____

11. Under what circumstances would you consider abortion as an alternative for a woman with a crisis 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)

12. Please list any books, films or other material that you have read or viewed that relate to abortion, pregnancy or alternatives to abortion: _____

13. How would you rate yourself in the following areas:

A. Knowledge of abortion methods? excellent __ good __ fair __ poor __

B. Knowledge of current laws pertaining to abortion? excellent __ good __ fair __ poor __

C. Knowledge of what the Bible teaches about abortion? excellent __ good __ fair __ poor __

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

15. What are your areas of weakness?

16. What are your areas of strength?

17. What, if any, personality types do you have difficulty working with? _____

REFERENCES

Please list persons who are not related to you and who have known you for at least two years.

| Name | Address | Phone | Years Acquainted | Relationship |
|----------|---------|-------|------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |

STATEMENT AGREEMENT

Please read the attached Statement of Faith and Statement of Principle.

1. Do you agree with these two statements? _____ Yes _____ No

Comments: _____

2. Do you have any questions about these two documents? _____ Yes _____ No

Comments: _____

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 The Eden Clinic to verify their accuracy and to obtain reference information concerning my character and capabilities. I release The Eden Clinic 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. If I become a volunteer at the Eden Clinic, 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 the Eden Clinic, yet my commitment will be no less. I am not seeking or expecting to receive any compensation or other benefits in return for any volunteer services that I may provide for this ministry.

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

Signature of Applicant _____ Date _____

SEVERAL WAYS TO RETURN THIS APPLICATION:

- 1. Download the application, scan and attach it in an email to: lindaedenclinic@gmail.com**
- 2. Print out the application, fill it out and bring it to the office at 1807 W. Lindsey St. Norman OR 6520 E. Reno, Midwest City.**
- 3. Print out the application, fill it out and send it to: The Eden Clinic, 1807 W. Lindsey St. Norman, OK 73069 OR 7520 E Reno, Midwest City OK 73110**

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION.

FOR OFFICE USE ONLY

Date of interview _____

Date began at Eden _____

Last of Work at Eden _____

Comments:

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow The Eden Clinic, Inc., of Norman and Midwest City, Oklahoma to perform a check on my background, including:

- Criminal Record
- Past Employment History
- Personal References
- Past Volunteer Experience

Please list all legal names you have gone by:

1. _____
2. _____
3. _____

Date of Birth: _____

Social Security#: _____

as appropriate for the volunteer position in which I express an interest.

I understand that I do not have to agree to this background check, but that refusal will exclude me from consideration as an Eden Clinic Volunteer.

This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____



STATEMENT OF PRINCIPLE

The Eden Clinic is an outreach ministry of Jesus Christ through His church. Therefore, the clinic, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women with crisis pregnancies both in word and in deed. Commensurate with this purpose, those who labor as clinic board members, directors and volunteers are expected to know Christ as their Savior and Lord.

The Eden Clinic is committed to providing patients with accurate and complete information about both prenatal development, abortion and women's health, along with STI's and STD's.

The Eden Clinic is committed to integrity in dealing with patients, earning their trust and providing promised information and services. The clinic denounces any form of deception in its corporate advertising or individual conversations with patients.

The Eden Clinic 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.

The Eden Clinic does not discriminate in providing services because of race, creed, color, national origin, age or marital status of its clients.

The Eden Clinic does not recommend, provide, or refer for abortion or emergency contraception.

The Eden Clinic 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.

The Eden Clinic recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared of other life-saving alternatives. The Eden Clinic is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. The Eden Clinic receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. The Eden Clinic neither initiates nor facilitates independent adoptions.

STATEMENT OF FAITH

- 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 this 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 the 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.

MISSION STATEMENT

The Eden Clinic is a Christ-centered organization that empowers women with alternatives to abortion and promotes responsible sexuality, parenting education and post abortion support.