



VOLUNTEER APPLICATION

Name:		Date:	
Address:		Phone:	
City/State/Zip:			
Email:		D.O.B.	
Occupation:		Employer:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Spouses name: _____ <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Educational Background:			
<input type="checkbox"/> High School Grad		<input type="checkbox"/> In College	
		Years Completed 1 2 3 4	
<input type="checkbox"/> GED		<input type="checkbox"/> College Grad	
		College/University: _____	
Degree/Training: _____			
List any special training, professional skills, or qualifications that would benefit your volunteer work at AVA Care: _____			
Areas of Interest			

Office/Administrative	Client Services	Other
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Client Services (male and female)	<input type="checkbox"/> Church Liaison
<input type="checkbox"/> Mailings	<input type="checkbox"/> Medical/Nurse (licensed in VA)	<input type="checkbox"/> IT Support
<input type="checkbox"/> Special Projects/Research	<input type="checkbox"/> After Abortion Care Program	<input type="checkbox"/> Fundraising Events
<input type="checkbox"/> Computer/Data Entry		<input type="checkbox"/> Graphic design/Marketing
<input type="checkbox"/> Cleaning		<input type="checkbox"/> Handy Person

Availability				
Monday	<input type="checkbox"/> 9 AM – 12 PM	<input type="checkbox"/> 12 – 3 PM	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/> 9 AM – 12 PM	<input type="checkbox"/> 12 – 3 PM	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/> 9 AM – 12 PM	<input type="checkbox"/> 12 – 3 PM	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/> 9 AM – 12 PM	<input type="checkbox"/> 12 – 3 PM	<input type="checkbox"/> 2:30 – 5:30 PM	<input type="checkbox"/> 5:00 – 8:00 PM
Friday	<input type="checkbox"/> 9 AM – 12 PM	<input type="checkbox"/> 12 – 3 PM	<input type="checkbox"/>	<input type="checkbox"/>

We ask that volunteers commit to a minimum of one shift per week. A shift is either morning, afternoon or evening hours. Also, we ask that you commit to a minimum of one year of service. Are you able to make this commitment?
 Yes No If no, please explain: _____

Previous Volunteer Experience	
Organization: _____	Date of service: _____ to _____
Position/ Duties: _____	
Supervisor: _____	Phone: _____

What are your gifts and personality strengths? _____

What are possible areas of weakness? _____

General Information

How did you hear about AVA Care? _____

Why would you like to be involved in AVA Care? _____

Under what circumstances, if any, would you consider abortion as an alternative for a woman in an unintended pregnancy? _____

When do you feel sexual intercourse is morally permissible? _____

What are your thoughts regarding birth control for single, sexually active individuals? _____

Have you ever been convicted of child abuse or any sex-related offense? Yes No Please explain:

Have you ever been convicted of a felony? Yes No If you answered "yes", please provide any additional information you would like us to consider in evaluating your application by separate attachment.

Spiritual Background

What does it mean to have a personal relationship with Jesus Christ?

Do you have a personal relationship with Jesus Christ? Yes No

How would you describe your relationship with Christ?

Church Information

Name of Church: _____ Phone: _____

Denomination: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pastor: _____ Phone: _____

We will contact your Pastor as one of your references. Please list a number and email where he/she can be reached.

Email: _____

References: List 3 non-relatives whom you have known for at least two years. If you are applying for a nurse/medical assistant position, please include at least one professional reference.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Email: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Email: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Email: _____

***Please include an email for each reference.**

By signing here, I certify that I have read and understand the information contained within the Volunteer Application Packet. I further understand that an inquiry may now be made which will provide information regarding my character, general reputation, and relationship with Jesus Christ.

By signing my name, I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize AVA Care to verify their accuracy and to obtain reference information.

Signed: _____ Date: _____



AVA CARE
OF HARRISONBURG
ADVOCATE. VALIDATE. ANSWERS.

CORE VALUES

1. A commitment to the sanctity of human life, even in the hard cases of rape, incest, and suspected fetal deformity.
2. A commitment to both the woman and her unborn child.
3. A commitment to Biblical truth versus personal or cultural values.
4. A commitment to maintain confidentiality.
5. A commitment to maintain Biblical sexual purity, which includes abstinence until marriage, and monogamous heterosexual relations within the covenant of marriage.

I have read the above Five Essential Commitments, and will, by God's grace, uphold them as I minister with AVA Care of Harrisonburg.

Signature

Date

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.

STATEMENT OF PRINCIPLES

1. AVA Care of Harrisonburg is an outreach ministry of Jesus Christ through His church. Therefore, AVA Care embodied in its volunteers, is committed to presenting, in both word and in deed, the gospel of Jesus Christ to women facing unintended pregnancy. Commensurate with this purpose, directors of AVA Care and volunteers are expected to know Christ as their Savior and Lord.
2. AVA Care is committed to providing its clients with accurate and complete information about fetal development, parenting, adoption, and abortion. AVA Care does not perform, advise or refer for abortion.
3. AVA Care is committed to integrity in dealing with clients, earning their trust, providing promised information and services, and avoiding any form of deception in its advertising or individual conversations.
4. AVA Care recognizes and respects the fact that women have choices for their pregnancy. Therefore, we provide education and compassionate care, in order to empower her to make an informed decision regarding her pregnancy. AVA Care maintains that it is in the best interest of a woman to carry her baby to term and parent or make an adoption plan.
5. AVA Care shall never discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.

6. AVA Care shall offer services free of charge at all times.
7. AVA Care is committed to educating the community of the specific fears and challenges a woman faces in an unintended pregnancy. Furthermore, we are committed to raising awareness of abortion and its impact within the local community.
8. AVA Care encourages abstinence from sexual intercourse as the most effective method of birth control and prevention of sexually transmitted diseases. AVA Care does not advocate the use of contraceptives by unmarried persons as an alternative to abstinence, and additional questions regarding contraceptives are referred to the client's medical provider or the local health department.
9. AVA Care recognizes the validity of adoption as one alternative to abortion. AVA Care is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. AVA Care shall receive no payment of any kind from these agencies, nor shall it enter into contractual relationships with them or share combined office space. Adoption agencies shall not be established under the auspices of AVA Care, nor shall AVA Care initiate or facilitate independent adoptions.
10. AVA Care neither condones nor condemns other pro-life organizations and, should AVA Care's directors or volunteers exercise their right to support such organizations, such support is not representative of AVA Care.

I am in agreement with and am willing to uphold these statements.

Signature

Date