



4250 Glass Rd NE, Ste. 100
Cedar Rapids, IA 52402

For office use only:

Tour/interview date: _____ Done by: _____

Input into Ekyros/Excel Application Reviewed by _____

References Checked by _____ Supplement given

Completed Background Check Completed Volunteer Orientation

Department *starting* in (circle ONE) CA CSS Treas Dev Admin Prev

Start date: _____ End date: _____

MINISTRY VOLUNTEER APPLICATION

The mission of Bridgehaven Pregnancy Support Center is to empower choices for life through Christ-centered education and support.

Name _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

May we call you at work? _____ E-mail _____

Occupation and Employer (if you work outside the home) _____

EMERGENCY CONTACTS

1) _____ Phone _____ Relationship _____

2) _____ Phone _____ Relationship _____

EDUCATIONAL BACKGROUND

Last grade completed _____ Year Graduated? _____ College Background & Degree(s) _____

Other training/degrees: _____

EXPERIENCE

Previous work experience _____

Previous volunteer experience _____

GETTING TO KNOW YOU

Why would you like to be a Bridgehaven Volunteer? _____

What do you hope to gain from your ministry here? _____

Are there any personalities/socio-economic backgrounds that you might have difficulty working with? _____

How do you feel about abortion as a choice in an unplanned pregnancy? _____

Are there any circumstances under which you would recommend abortion as an alternative for a woman with an unplanned pregnancy? _____

SPIRITUAL BACKGROUND

Do you consider yourself a Christian? Yes _____ No _____

In your opinion, how does a person become a Christian? _____

What church do you attend? _____

How long have you attended this church? _____ Member? Yes _____ No _____

Pastor's name _____

How comfortable are you sharing your faith? _____

Bridgehaven is a Christian, pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to minister in truth and love to this community. Please write a brief statement about how your faith would affect your volunteer work at this ministry.

PERSONAL TESTIMONY

Please feel free to give your personal testimony. The following is a suggested format:

Before I decided to follow Christ, I lived and thought this way: _____

How I decided to follow Christ: _____

After I decided to follow Christ, these changes took place in my life: _____

Do you have a favorite verse that summarizes your testimony? _____

ADDITIONAL INFORMATION

Have you ever been arrested or convicted of any criminal act more serious than a traffic violation?

Yes _____ No _____ If yes, please explain: _____

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 Bridgehaven to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Bridgehaven 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 the center to conduct a criminal background check. If I become a volunteer at Bridgehaven, 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 Bridgehaven, 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.

Signed _____ Date _____

Supporting statements to sign prior to application approval:

- Statement of Care & Confidence*

- Statement of Christian Code of Conduct*

- Statement of Client Confidentiality*

BRIDGEHAVEN STATEMENT OF FAITH

1. 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.
2. We believe the Bible to be the only infallible word of God in all matters of faith and practice.
3. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
4. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
5. We believe in the resurrection of both the saved and the lost; they that are saved unto eternal life with God, and they that are lost unto judgment and separation from God.
6. We believe in the spiritual unity of believers in our Lord Jesus Christ.
7. We believe in the sanctity of human life as set forth in the scriptures.

“For you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place. When I was woven together in the depths of the earth, your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be.” (Psalm 139.13-16)

“Yet you brought me out of the womb; you made me trust in you even at my mother’s breast. From birth I was cast upon you; from my mother’s womb you have been my God.” (Psalm 22:9-10)

I have read the Statement of Faith, and my signature below indicates my understanding, acceptance and agreement.

Signature

Date

Name _____



Bridgehaven

pregnancy support center

REFERENCES

List three persons who are not related to you and who have known you at least 2 years.

1. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____

2. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____

3. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____

TIME PREFERENCE TO VOLUNTEER:

Monday	Tuesday	Wednesday	Thursday	Friday	Sat.
10:00-2:00	10:00-2:00	10:00-2:00	10:00-2:00	10:00-2:00	10:00-1:00
2:00-5:30	2:00--5:00	2:00-5:00	2:00-5:30	2:00-5:00	1:00-4:00
5:30-7:00			5:30-7:00		

Please cross out (X) shift that you **cannot** regularly volunteer.

**Bridgehaven Pregnancy Support Center
Background Release**

I have read and understand the terms of this authorization and agree to the terms stated herein. I recognize and agree that a copy or facsimile of this document shall be as valid as the original. I recognize and agree that this release shall be valid for this and any future update reports requested.

Please print clearly

Full name (full first, middle, last) _____

Previous Name(s), if any: _____

Gender: _____ Male _____ Female

Date of Birth: _____

Social Security # _____

States and counties of residence for last 7 years:

Years: _____ State: _____ County _____

Years: _____ State: _____ County _____

Years: _____ State: _____ County _____

Years: _____ State: _____ County _____

Have you ever been convicted of a crime? Yes/No If yes, please complete section below.

<i>Date</i>	<i>Offense</i>	<i>City</i>	<i>County</i>	<i>State</i>
-------------	----------------	-------------	---------------	--------------

I hereby certify that to the best of my recollection and knowledge, the above information is accurate and complete. I authorize representatives of Bridgehaven Pregnancy Support Center to conduct any and all investigations into my background that it deems necessary to verify my suitability to volunteer with the organization.

Signature: _____ Date: _____