

Volunteer Application
Open Arms Pregnancy Center

4005 Asheville Hwy, Hendersonville, North Carolina 28791
(828) 676-4510 or (828) 676-4511 | openarmscpc@gmail.com

Today's Date _____

Name _____ Date of Birth: _____

Address _____ City _____ Zip _____

Phone Number _____ Email _____

Occupation/Professional Background _____ Marital Status _____

Do you believe in Jesus Christ? _____ Please Explain _____

Your Home Church _____ Address _____

City _____ Zip _____ Pastor's Name _____

Have you volunteered with other organizations in the past? _____ If so, please list _____

Are you currently volunteering with other organizations? _____ If so, please list _____

What special gifts, talents, or abilities would you bring to this ministry? _____

Describe your personality and how it would be an asset to this ministry. _____

What are you passionate about? _____

Please share something about yourself that would help us get to know you (all information shared will be kept confidential). _____

Briefly share your belief about abortion

Briefly share why you are interested in volunteering for a pregnancy center

Volunteer opportunities include the following:

Receiving and organizing donations of clothing, baby equipment, supplies, etc. | Filling order for moms/babies | Housekeeping | Prayer Partner | Running Errands

I would be available to volunteer:

Number of days per week _____ **Number of hours per day** _____

Preferred days of the week (please circle): M T W Th

I believe in the sanctity of human life as taught in the Bible and, therefore, reject abortion as an acceptable option for any woman facing an unplanned pregnancy, except to save the life of the mother in some cases, e.g. tubal pregnancy.

**** I understand that I will be asked to undergo a background check as a part of the volunteer application process.**

Signature of Applicant: _____ Date: _____

For Office Use Only

-----Application Completed	-----Application Approved	-----Start Date
-----Confidentiality Agreement Signed	-----Copy of Drivers License	-----Emergency Contact Sheet
-----Background Screening Form	-----Background Screening Submitted	-----Background Screening Completed

FCRA NOTICE – BACKGROUND INVESTIGATION

In connection with your employment, volunteer or board application with Open Arms Pregnancy Center (the “Company”), this notice is intended to inform you that a consumer report will be obtained on you from a consumer reporting agency for employment/volunteer purposes. These purposes may include hiring, retention, promotion or reassignment. The report may contain information about you relating to your criminal information or history, driving and/or motor vehicle records, verification of your education or employment history, social media, or other background checks.

AUTHORIZATION FOR BACKGROUND INVESTIGATION

By signing below, you hereby authorize the obtaining of consumer reports by the Company at any time after receipt of this authorization and throughout the course of your employment/volunteer assignment.

You understand that the scope your authorization is not limited to the present and, if you are hired or retained as a volunteer/board member, will continue throughout the course of your employment or time of service to our organization, and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

I hereby authorize the obtaining of consumer reports by the Company at any time after receipt of this authorization. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Protect My Ministry and/or the Company.

Signature:	Print Name (including middle name):
Date:	Social Security Number:
Driver's License # and State of Issuance:	Date of Birth:
Email Address:	Current Address:

OPEN ARMS PREGNANCY CENTER
VOLUNTEER CONFIDENTIALITY POLICY AGREEMENT FORM

As a volunteer of Open Arms Pregnancy Center, I agree not to disclose, copy, clone or modify any confidential information without obtaining consent. "Confidential Information" refers to any data and/or information related to Open Arms in any form, including both oral or written. Such confidential information includes but is not limited to any information related to the business such as discoveries, processes, techniques, programs, knowledge bases, client lists, potential clients, business partners, affiliated partners or any other services related to Open Arms Pregnancy Center.

I understand that all information concerning a client, a client's family, and the situation that brought the client to Open Arms is to be kept completely confidential. I understand that this information is to be discussed only with other trained Open Arms volunteers for the purpose of benefiting the client. I agree to be respectful, non-judgmental, courteous, and attentive to all clients that come to open Arms for help, regardless of their race, creed, sex, or religion, thus fostering an atmosphere of trust and helpfulness. I understand that clients that come to Open Arms are usually in a crisis situation, thus, I sign this confidentiality statement understanding that if I voluntarily breach a client's trust, I could possibly be asked to resign as an Open Arms volunteer.

I have read and understand the above expectations and agree to abide by this duty of confidentiality.

Name (Please print legibly)

Signature

Date