



Please read all attached information BEFORE filling out a volunteer application.

All Information will need to be filled out before turning in the application.

To turn in application please mail, email, or walk in to Hope Clinic.

For any questions contact:

Karen Sims, Executive Director of Hope Clinic

at

601.264.2181

[Karen.hopeclinic@gmail.com](mailto:Karen.hopeclinic@gmail.com)

or

Hope Clinic

216 S 27<sup>th</sup> Ave

Hattiesburg, MS 39401



**Mission:**

*Hope Clinic exists to “empower individuals to make informed choices about pregnancy and sexual health decisions.”*

**Core Message: Value, Truth and Hope:**

*Hope Clinic strives for each client, when visiting us, to experience their sense of value, to receive quality services with accurate truthful information and to believe there is hope in their circumstances and in their lives.*

**Purpose/Vision:**

*Our hope is that God “empowers individuals to choose life-for-life for the unborn baby; abundant life by making healthy lifestyle decisions, and eternal life by accepting a personal relationship with Jesus Christ.”*

**Services Provided:**

*Hope clinic provides the following, but not be limited to: medical and education services, pregnancy verification, limited ultrasound, decision-making consultation, sexual and reproductive health education, referrals for adoption and other community organizations, post- abortion support, 24-hour helpline, follow-up and ongoing support through mentoring*



## STATEMENT OF FAITH

1. We believe that the Bible is the inspired, infallible, inerrant Word of God, and our guide in faith and life.
2. We believe in one God eternally existing in three persons: Father, Son, and Holy Spirit.
3. We believe in God the Father, whose creation reveals His unparalleled power and whose love extends to every person even before each is born.
4. We believe in the deity of Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death on the cross in our place, in His bodily resurrection, in His ascension to the right hand of the Father, and in His future personal return in power and glory.
5. We believe that human beings are created in God's image, but because of human sin against God that image was defaced and fellowship with God was broken.
6. We believe that God has demonstrated His love for lost and sinful humanity, in that while we were yet sinners Christ died for us. We believe that the Holy Spirit convinces us of sin and leads us to experience God's salvation by grace through faith alone in Jesus Christ as Savior and Lord, who alone reconciles us to God and who is restoring God's image in us.
7. We believe in the ongoing ministry of the Holy Spirit, Who empowers us to live godly lives and to express our personal faith in good works.
8. We believe in life after death of both the saved and lost; the saved to dwell in God's presence forever, and the lost to *exist* eternally without God.
9. We believe in the Body of Christ, which by the Holy Spirit is bound together in Spiritual unity and sent out in gifted diversity to accomplish Christ's mission in the world.

## STATEMENT OF PRINCIPLES

1. Hope Clinic (HC) is an outreach ministry of the Body of Christ through His church. We are committed to presenting the gospel of our Lord to individuals, particularly in unplanned pregnancy, in both spiritual and practical assistance to those seeking this ministry. Those who serve as board members, paid staff or volunteers are expected to know Christ as their Savior and Lord and are required to be active members within a Christian church body.
2. In a personal, confidential, and non-judgmental way, we provide clients with educational information about healthy pregnancy decisions, sexual health, and adoption and abortion options.
3. We do not recommend, provide, or refer for abortion or abortifacients.
4. We will not discriminate in providing services because of the race, color, creed, national origin, age, sexual orientation, or marital status of its clients.
5. We offer assistance free of charge at all times.
6. All client educational materials will be reviewed and approved by Hope Clinic's Medical Director who will determine the validity and medical accuracy. We are committed to adopting and enforcing internal procedure to assure that abortion education is provided in a caring and compassionate manner.
7. We are committed to integrity in dealing with clients, earning their trust, and providing promised information and services. We denounce any form of deception in its corporate advertising or individual conversations with its clients.
8. We are committed to assisting women by providing emotional support and limited practical assistance. Through the provision of God's people and the community at large, women can face the future with more hope and plan constructively for themselves and their babies.
9. We are 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.
10. We encourage abstinence as the healthiest lifestyle choice for unmarried clients. However, we also educate them about birth control options and recommend a consultation with a health care provider for prescriptions when needed.
11. We recognize the validity of adoption as an alternative to abortion, but *are* not biased toward adoption when compared to the other life-saving alternatives. The interaction with independent adoption agencies shall assure that referrals are made in a manner that fully protects the interests of clients and avoids any conflicts of interest.
12. We uphold all of the principles and requirements set forth in our Commitment of Care.

## Our Commitment of Care and Competence

- Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- Clients are treated with kindness, compassion and in a caring manner.
- Clients always receive honest and open answers.
- Client pregnancy tests are distributed and administered in accordance with all applicable laws.
- Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
- All of our advertising and communication are truthful and honest and accurately describe service we offer.
- We provide a safe environment by screening all volunteers and staff interaction with clients.  
  
We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
- We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
- Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
- All of our staff, board members, and volunteers receive appropriate training to uphold these standards.





## ***Confidentiality***

I understand that all Hope Clinic (HC) information whether donor or client related is sensitive and confidential in nature, and I promise to maintain the confidentiality of all information to which I have access. Access to this information is permitted only when this information is essential to the performance of his or her duties

I also commit to exercise discretion in conversation with the HC, always cognizant of the potential for someone overhearing.

The training, processes and other materials used by the HC is also confidential. The volunteer or Board member will not disclose this information in whole or in part to anyone except other employees of and volunteers for the HC for any reason or purpose either during or after the term of the volunteer or Board Members service; nor shall the volunteer use this information for his or her own purposes or for the benefit of any other person, firm, corporation or other entity except the HC either during or after the term of the volunteer or Board Members service.

I agree not to discuss HC business affairs with anyone outside of the organization. I also promise to apply biblical principles to all my conversations, communications and problem solving.

I understand that violation of this policy is serious and will require investigation by the Executive Director and possibly result in immediate termination. Furthermore, in the event the volunteer discloses or uses such information improperly, the volunteer acknowledges and agrees that the HC shall be entitled to an injunction issued by any court of competent jurisdiction enjoining and restraining the volunteer and each and every other person or entity to whom the information has been disclosed or for whom the information has been or is being used for further disclosure and/or use, and to an award of damages, including but not limited to, attorney's fees and court costs incurred by the HC as a result of the wrongful disclosure and/or use.

In signing I am stating that I understand, agree with and will abide by the Confidentiality policy set before me:

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Signature

Date

# Confidential Volunteer Application

## Personal Data

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip

Phone (home): \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ email: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Schedule \_\_\_\_\_

Degree(s): \_\_\_\_\_

Previous Occupations: \_\_\_\_\_

Student/Where? \_\_\_\_\_ Schedule \_\_\_\_\_

Marital Status/years: \_\_\_\_\_ Spouse Name & Occupation: \_\_\_\_\_

Children's name & age \_\_\_\_\_

Church membership/positions/responsibilities: \_\_\_\_\_

\_\_\_\_\_

Other Volunteer Experiences (outside the church): \_\_\_\_\_

\_\_\_\_\_

1. How would you like to be involved at the HC? \_\_\_\_\_

\_\_\_\_\_

2.

### Summarize feelings on:

(a) abortion (include where you think life begins, etc.): \_\_\_\_\_

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(b) Would there be any exceptions to this? (deformity of fetus, rape, incest, etc.):

(c) Single Parenting: \_\_\_\_\_

(d) Getting married due to pregnancy: \_\_\_\_\_

(e) Premarital sex (include your feelings on recommending birth control): \_\_\_\_\_

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3. Please share your faith testimony \_\_\_\_\_

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4. How do you feel about sharing your faith with others? \_\_\_\_\_

5. What Spiritual gifts or talents would you bring to this organization? \_\_\_\_\_

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**References:**

Please list two references in addition to your Pastor. A reference form may be sent to each person to be completed and returned. Thank you.

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Pastor/other minister: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I will earnestly pray about where God wants me to serve Him. If I do commit to serving here at the Hope Clinic I will commit to work for one year.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please check times available

	Monday	Tuesday	Wednesday	Thursday
9:00-12:30	_____	_____	_____	_____
1:00-4:30	_____	_____	_____	_____

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Please mark Volunteer Categories that interest you:

- \_\_\_\_\_ Care Coordinator
- \_\_\_\_\_ Nurse
- \_\_\_\_\_ Sonographer
- \_\_\_\_\_ Other medical experience or educational background, please specify: \_\_\_\_\_
- \_\_\_\_\_ Receptionist/Office
- \_\_\_\_\_ Group Facilitator-Post abortion
- \_\_\_\_\_ Your Church Liaison (educate your church, help coordinate Walk for Hope)
- \_\_\_\_\_ Prayer Warriors
- \_\_\_\_\_ Community Events-(HubFest, USM Day, health fairs, etc.)
- \_\_\_\_\_ Other \_\_\_\_\_

**The information in this application is true and correct to the best of my knowledge and that I will earnestly pray about where God wants me to serve Him.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your time to complete the application. We will be in prayer about your volunteer ministry position at the Hope Clinic

When you mail or bring in this application we can set up a time to talk about joining our staff. We appreciate your willingness to serve our Lord at the Hope Clinic. We need you and the talents God has given you.

## **VOLUNTEER COMMITMEENT**

This agreement is designed to help clarify the responsibilities as being a volunteer at Hope Clinic.

### **Hope Clinic agrees to do or provide the following:**

1. Provide a classroom and series of initial in-house trainings.
2. Provide staff meetings for purposes of a) on-going training: b) explanation of new policies and procedures: c) exchanging ideas and discussing problems relating to client consultation. d) to pray and fellowship with other volunteers and staff members.
3. Provide reading materials for continued education.
4. Make available experienced and trained volunteers for advice.
5. Provide a professional Board of Advisors for consultation on specific matters.
6. Provide a committed Board of Directors.
7. Provide adequate facilities
8. Provide and continuously update a Community Reference Manual.
9. Provide consultation for periodic self-evaluation for staff and volunteers.
10. Review and maintain above standard policies and procedures.
11. Maintain our status as a 501 (C) 3 charitable organization.

### **The Volunteer agrees to:**

1. Attend all initial training sessions.
2. Attend volunteer staff meetings.
3. Attend any special training session which might be provided (such as a day of recollection or special speakers): no more than one such additional day of training will be expected annually.
4. Read articles, books, and handouts provided.
5. Keep volunteer manual and all literature provided in good condition so it can be used again.
6. Give the following amount of time to the center-
7. Be present for full scheduled time, to be on time, and to give ample notice if you can not come.
8. Accept all clients with love and non-judgmental attitudes.
9. To commit to our policy of confidentiality, and guard against discussing clients away from the center.
10. Learn to use all necessary forms, and computer. To document all conversations.
11. To report to the staff when any personal situations would conflict with ministering to the needs of a client.
12. To exhibit those qualities of character and moral conduct that would exemplify Christ here at the center, and in each personal sphere of influence.
13. To be willing to allow your life to be transformed as you serve Him
14. To be consistent in personal Bible study, daily time, and church attendance.
15. Agree to "Commitment of Care," Policies and Procedure Manual," Statement of Faith and Principle," Statement of Purpose and Mission."

**Hope Clinic desires to serve our clients with the highest standard of care. To accomplish this goal, we ask our volunteers to commit to the following: Please ✓**

- To serving women and men in unintended pregnancies and post-abortion counseling with care and compassion, speaking the truth in love through ministry and not manipulation. To have a desire to reach out with the love of Jesus to people in distress.
- To keeping our clients' lives and situations confidential.
- Good listening and communication skills.
- To praying for our clients and before your shift.
- To volunteering for a one year period (can vary with internship positions) following training.
- To not recommending or referring for abortion, according to the policies and biblical truth.
- To be strongly committed and dedicated to the sanctity of all human life.
- To encouraging and believing in our clients enough to talk with them about their sexuality.
- Policy on birth control which is, abstinence only for unmarried clients.
- To remaining sexually pure as a volunteer, if you are unmarried.
- To committing to a monogamous marriage relationship during your time as a volunteer if you are married.

By signing this commitment I, \_\_\_\_\_ agree with and will uphold this covenant during my time as a volunteer. I also commit to upholding the clinics integrity and desire for a high standard of care for our clients.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



Background Check of all Board members, staff and trained in-house volunteers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

\*A criminal background check must be obtained for all board members, staff and trained in-house volunteers. Please be aware that upon completing this form and receiving your signature below that if records show there has been any criminal misconduct, excluding traffic tickets, you will be asked to resign from your volunteer or staff position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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Person to contact: Karen Sims, Executive Director 601.264.2181  
216 S 27<sup>th</sup> Ave. Hattiesburg, MS 39401