



livingalternatives
pregnancy resource center

Volunteer Application

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Local Church (with address): _____

Pastor's Name & Phone/Email #: _____

Please give the name, phone and email of two references that are not family members, that know your gifts and passions:

1. _____

2. _____

Date/Year you committed your life to Christ: _____

Please share your testimony on a separate sheet of paper or on the back of this paper.

What are your strengths, talents, passions and areas you are gifted in? _____

Please share of what experience you have sharing your faith: _____

How did you hear about the PRC ministry? _____

What is your position(s) on abortion? _____

What are the times and days are you are available to be at the PRC?



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For Medical Volunteers Only:

Work Experience: _____

License & Certification: _____

Have you been involved in any incidents or claims that resulted in disciplinary action? If yes, please explain: _____

How do you see your role in the PRC? (pregnancy testing, ultrasounds, education, follow-up calls, etc)

LAPRC Staff & Volunteer Covenant

I agree to maintain a current relationship with God. I have a personal relationship with Jesus Christ and am walking in fellowship with Him. I will keep my spiritual walk fresh through regular Bible reading, an active prayer life and faithful Church attendance.

I believe that all human life has value. I believe that abortion is wrong and not acceptable outside of the case where the woman's life is in danger. It should be suggested that the woman get another medical opinion or two then, with the help of her family & pastor, she can make the decision.

I will maintain a lifestyle that is above reproach. I will be honest, moral and trustworthy in all dealings.

I will live a lifestyle that exhibits the fruit of the Spirit and flee from the acts of the sinful nature.

I will strive to live a life of righteousness, in obedience to God's word. I will abstain from the following: smoking (if working with clients), illegal drugs, sexual immorality, occult practices and the abuse of alcoholic beverages.

I will show self-discipline in the way I live. I will live a life under control – self-disciplined by the Spirit of God.

I will show respect for others. I will show respect to those in authority, fellow team members and to clients.

I will follow PRC policies and procedures. For the protection of this ministry and all involved, I will obey the policies put in place - out of respect for God and those He has placed in leadership.

I will seek God's wisdom and understanding.

I will be dependable and accountable in all relationships and tasks. I will love, encourage, confront, and forgive in a godly manner. Furthermore, initiative, intellectual integrity and excellence will mark all tasks I attempt. I will be faithful to my work schedule, arriving on time and attending staff/ volunteer meetings.

I will display a servant's heart by humbly focusing on the needs of others. Christ is our example in living a life that is not self-centered, but rather seeking ways to serve.

I will seek to be prepared and well-trained for possible situations. I will read required manuals and complete training before participating in client services. I agree to stay within the scope of services provided by Living Alternatives Pregnancy Resource Center, referring clients to other agencies or counselors as needed.

I will keep my focus upward. Only what is done for eternity counts.

Covenant Response Form

I am in support of the philosophy, objectives, standards of conduct, and the principles of this covenant. I will cooperate with Living Alternatives staff in a spirit of partnership as we reach out together to Living Alternatives' clients. If at any time while working or volunteering for Living Alternatives, I can no longer work together in a spirit of unity, and all reasonable avenues of communication are exhausted, I will resign from being a Living Alternatives Staff Member / Volunteer.

Staff / Volunteer Signature

Date



Interpersonal Commitment Agreement

Please initial each statement and place your signature at the bottom of this document.

_____ I will conduct myself according to the principles of Matthew 18 regarding conflict resolution and interpersonal relationships:

"And if your brother sins, go and reprove him in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that by the mouth of two or three witnesses every act may be confirmed. And if he refuses to listen to him, tell it to the church..." Matthew 18:15-17 New American Standard

_____ I will accept responsibility for establishing and maintaining healthy interpersonal relationships with every member of the board, staff, and volunteer team.

_____ I will establish and maintain a relationship of functional trust with the Board of Directors, and every member of this staff and volunteer team.

_____ My relationships with each board member, staff and volunteer will be respectful at all times.

_____ I will not engage in the "3 Bs" (Bickering, Backbiting, and Blaming). In addition, if I hear a board member, staff or volunteer doing so, I will remind them about this Interpersonal Commitment Agreement .

_____ I will be committed to finding solutions to the problems, rather than complaining about them or blaming someone for them.

_____ I will remember that none of us are perfect, and that human error provides opportunities for forgiveness and growth – not for shame or guilt.

I have read the preceding and my signature indicates my agreement to all that is written herein.

Signature

Date



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CONFIDENTIALITY AGREEMENT

As an employee/volunteer of Living Alternatives Pregnancy Resource Center (Living Alternatives), I agree to be under strict obligation not to discuss any information I may be knowledgeable of or have access to regarding clients, their visits or association with the Living Alternatives, other employees/volunteers, or any office business with any person in or out of the office unless it is necessary to do so in carrying out the duties of my job. If someone inquires about a client I will respond in a way that does not confirm or deny that the person in question is or ever has been a client of Living Alternatives.

This is a most serious obligation and must be observed by all Living Alternatives personnel and volunteers. There shall be a zero tolerance policy for failure to keep all information strictly confidential, and there will be serious consequences for breach of confidentiality, which may include immediate dismissal.

I have read and understand the above stated policy and hereby agree to the Terms and Conditions of said agreement.

Employee/Volunteer Signature

Date



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Authorization of Release for Publication

I hereby consent to the use of video-taping and photography of myself and my child(ren), and do also consent to the publication of my story by the Living Alternatives Pregnancy Resource Center (LAPRC). I hereby give permission for unlimited publication of the story of my interaction with LAPRC through the use of various media, such as but not limited to, printed or electronic communication, photography, videography, ultrasound imaging and audio recording. I agree to waive any and all rights, claims, actions that I or my child(ren) may have against LAPRC arising from the publication and use of my story through the use of various media, such as but not limited to, printed or electronic communication, photography, videography, ultrasound imaging and audio recording. I hereby release the LAPRC, and any of its associated or affiliated offices, their directors, officers, agents, employees and volunteers from all claims of any kind on account of such use.

Printed Name

Signature

Date

Printed Name of Witness (Staff/Volunteer)

Signature

Date



Criminal Background Check Information

As is typical for a social service organization, Living Alternatives Pregnancy Resource Center (LAPRC) requires that all employees/volunteers consent to a criminal background investigation. This policy has been recommended to us by our various national affiliates and is required by our policies and procedures.

At this time, LAPRC utilizes Sterling (www.sterlingcheck.com), a third-party background screening company, to search a multi-state criminal record database. This database contains only criminal convictions, not minor traffic violations or other civil court records.

Consenting applicants will receive an email from Sterling with the subject line of: "On Behalf of Living Alternatives: Background Screening Instructions". Applicants will need to open this email then click on the link. Applicants will then be prompted to provide their full name, date of birth, social security number, current address, and an email address they would like the results to be sent to.

Applicants will be notified by LAPRC if the criminal background report contains any information that would prevent them from working/volunteering with LAPRC. If this is the case, the applicant will have an opportunity to clarify any inaccurate results, or provide an explanation for accurate but negative results. LAPRC will evaluate negative results on a case by case basis and will consider the nature and seriousness of the offense, the time since the offense occurred, and the degree in which the offense relates to their role as an employee or volunteer.

LAPRC has a strict confidentiality policy. The information obtained from your background check will only be made available or accessible by the local Director and any other local employees who will be involved in supervising volunteers. In addition, the CEO, CFO and COO of Living Alternatives also have administrative access to these files if necessary for quality control purposes.

If you have any additional questions about why or how LAPRC obtains background check information please share them with your local Director.

Authorization to Initiate Background Check:

I, _____ (applicant's name), hereby give consent for LAPRC to initiate the background screening process using the third-party background screening company known as Sterling.

Signature: _____ Date: _____

Email (used to initiate background check): _____

Last updated on: 9/2022

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: ☐ Male ☐ Female Race: _____

Current Address: _____
Street/Apt #

City

State

Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)

Dates
From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed

Date

Please type, use bold letters or label:

Submit by mail OR fax OR email.

Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

FAX to: 217-782-3991

Scan/Email to: CFS689Background@illinois.gov

(Submitting Agency Fax Number)

(Submitting Email Address)

(Agency Name)

(Contact Person)

(Address)

(City/State/Zip)