

Volunteer Client Coordinator Application

Date:			
Name:	Home Phone#		
Address:(Cell #	
City:	Zip:	Birthday:	
Email:			
Marital Status:	Child/Ch	nildren and Ages:	
Spouses Name:	Pho	ne #:	
Special qualifications	(example: Counseling	degree, etc.):	
Previous Volunteer Exp			
be willing to serve her	e with doctrines that m	faith-based organization, would you ay differ from you own?	
Yes No /	More Information need	ed:	
Have you trusted Jesu	s Christ as you Savior?	When?	
Please describe your	present relationship wit	h Jesus Christ:	
If selected, are you al	ole to commit to giving	FirstLook consistent priority weekly?	
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What day(s) of the week are you available? Please Circle:

Monday Tuesday Wednesday Thursday

The following questions are of a personal nature, and we do respect your privacy. Your responses will help us determine how to minister to your needs as well as how you will be most effectively used here. If you choose to answer the information below it will be held in the strictest of confidence.

Why would you like to be a FirstLook Volunteer staff member?			
How does your family/spouse feel about this kind of work?			
Are you willing to attend the FirstLook L.O.V.E. Approach training that requires one full day of training and a donation of \$50.00? Yes No			
Are you willing to attend the FirstLook Monthly In-service training days on the 3 rd Tuesday of each month from 9:45 a.m. – 1:00 p.m.? Yes No			
What do you feel are your strong spiritual gifts?			
Where do you feel less confident?			
How do you relate one-on-one?			
Are you a self-motivator? Yes No			
Please evaluate your mental stability:			
How does a person become a Christian?			
Are you willing to share your relationship with Jesus Christ with others?			
Yes No Not sure			

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Have you ever received training on how	to lead others to	Jesus Christ?
Yes No		
Are you willing to use the training taught while mentoring clients? Yes No	-	ersonal evangelism
If you are single, do you practice abstine	ence? Yes N	lo
Are you willing to promote abstinence to	single clients wh	o come to FirstLook?
Yes No		
Have you ever personally experienced of	n unplanned or p	oroblem pregnancy?
Yes No If "Yes" please explain:		
Have you personally experienced an ab please give details:	ortion? Yes N	No If "Yes",
Have you had Post Abortion Healing or hthe abortion? Yes No	ad any other cou	unseling concerning
At FirstLook it is a requirement to have participate Abortive before mentoring a client.	ed in Post Abortion H	ealing if you are Post
What are your views on abortion or preg		
Church Reference:		
Church's Name:	Phone#:	
Pastor's Name:		
Address:		
What ministry experience have you had	at your church?	
Whom may we contact at your church fo	or a reference? _	

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Iwo Personal References: Name: _____Phone#: Address: _____City: Email (if we should email): Name: ______Phone#: Address: ______City: Email (if we should email):

Beginning January 1, 2015 all Client Coordinators that are in training will be required to serve 5 times at either FirstLook Boutique, Waxahachie or FirstLook Boutique, Ennis. This must be done during the training period.

Thank you for your interest in FirstLook-a life affirming medical clinic. We look forward to getting to know you serve our Lord together here as we strive to eliminate the perceived need for abortion in Ellis County.

Sharra Poteet, Clinic Director

Confidentiality Agreement

WRC Pregnancy Center, and Firstic	bok, is a pregnancy help center providing confidential services to
women and men of Ellis County. A	Il information, whether donor or client, must be treated with the
utmost respect.	
l,	_agree to not divulge any information to anyone about the personal
information that I see or hear while	e working with FirstLook. I am responsible for my own actions and I
will think of others over myself and	d not talk or write about anything confidential that I experience.
Signature	Date
Witness	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 able 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.

Adapted from the National Association of Evangelical's Statement of Faith.

Commitment to chastity and life-affirming values

FirstLook advocates the promotion of chastity and life-affirming values.

STATEMENT OF PRINCIPLE

- 1) FirstLook is an outreach ministry of Jesus Christ through His church. Therefore, the FirstLook, embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies, both in word and deed. Commensurate with this purpose, those who labor as FirstLook board members, directors, and volunteers are expected to know Christ as their Savior and Lord.
- 2) FirstLook is committed to and is providing its clients with accurate and complete information about both prenatal development and abortion.
- 3) FirstLook is committed to assisting women to carry to term by providing the emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope and plan constructively for themselves and their babies.
- 4) FirstLook never discriminates in providing services because of race, creed, religion, color, national origin, age, or marital status of its clients.
- 5) FirstLook never advises, provides, or refers for abortion or abortifacients.
- 6) FirstLook offers assistance free of charge at all times.
- 7) FirstLook is committed to creating awareness with the local community of the needs of pregnant women and of the fact that abortion only compounds human need rather that resolving it.
- 8) FirstLook does not engage in contraceptive counseling or in referring for contraceptives or contraceptive services. (Married women seeking contraceptive information should seek counsel, along with their husbands, from their pastor and physician.)
- 9) FirstLook recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to other life-saving alternatives. FirstLook is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. FirstLook receives no payment of any kind from these agencies, nor do we enter into contractual relationships with them, and we do not share combined office space. Adoption agencies are not established under the auspices of the center. FirstLook will not initiate nor facilitate independent adoptions.

MISSION AND VISION

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FirstLook is an interdenominational Christ-centered outreach equipping and empowering men
and women to make informed decisions regarding their sexual and reproductive health.
FirstLook offers life-affirming choices with practical support.

Vision

FirstLook exists to erase the perceived need for abortion in Ellis County. Our goal is a community where FirstLook is the first choice.

Motto

Putting compassion for LIFE into action.

AGREEMENT

I am in agreement with the Statement of Faith, and I commit to a lifestyle of chastity (i.e.,
abstinence outside of marriage and fidelity during marriage) and life-affirming values. I agree to
live a lifestyle consistent with FirstLook's Mission and Principles of Service.

Signature	Da



Background Verification Release Form

Date	Agency Name		
	FirstLook		
Contact Name			
Donna Young, CEO			
Agency's Main Phone Number		Agency's Fax Number	
972-938-7900		972-923-2024	

AGENCY INFORMATION

APPLICANT INFORMATION:

APPLICANT INFORMAT	ION.			
Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address				
City	State	Zip (20de	County
City	State	Zip (200 c	County
Social Security Number	Date of Birth	Driver's Licens	e Number	State Issued
Position Applied For				
	T			
Gender □ Male □ Female	Race 🗆 African Amer	rican 🛭 America	an Indian 🛭 Anglo 🗖 Asian 🗖 F	lispanic 🛚 Other
about or concerning me, included consumer report under the Fail Individual, Corporation, Partner Employers. The criminal history, as received bargains and deferred adjudice information will be used, in organization. I also understand may be repeated at any time opportunity to review the crimin dispute the record as received expunged. I further release and discharge Employees, Contract Personninformation or records pursu understand that it may contain mode of living, whichever are a	r Credit Reporting Act, ership, Law Enforcement and the reporting a cations and delinquent part, to determine in that as long as I remind that as long as I remind that as long as I remind history as received and I also understand that the verify I and their Seel, or Associates, from ant to this authorizan information about mereship.	gencies, may int conduct as conduct as conduct as conduct as conduct as conduct as conduct and the date on by client/agence at the criminal harmonic procurem any and all contion, procurem	1, Driving Record, Employment d other entities including my neclude arrest and conviction date ommitted as a juvenile. I unter an employment/volunteer the cort volunteer here, the crimital this document. I understand the yand a procedure is available history could contain information and all of their Subsidiaries, alaims and liability arising out the total and an investigative considerations.	at History from any Present and Past at as well as plea derstand that this position with this hinal history check that I will have an for clarification, if I an presumed to be Affiliates, Officers, of any request for sumer report and
Applicant's Printed Name			Parent/Guardian's Signatur (if under 18 years of age)	e

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.