

# CONFIDENTIAL VOLUNTEER APPLICATION

Name \_\_\_\_\_ Position Sought \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP  
CODE

Phone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If Married, Spouse Name \_\_\_\_\_

Since most staff members work with minors, please be advised that Skylark abides by the National Child Protection Act and conducts criminal record checks.

Do you authorize a police or FBI records check  Yes  No

Have you ever been convicted of a crime other than a minor traffic offense (including while in the military)?  Yes  No

If yes, explain: \_\_\_\_\_

---

## Education

High School: Number of Years Completed (circle one) 1 2 3 4 Diploma:  Yes  No G.E.D.  Yes  No

School \_\_\_\_\_

College and/or Vocation School: Number of Years Completed (circle one) 1 2 3 4 5 6 7

School(s) \_\_\_\_\_ Address \_\_\_\_\_

Major / Degrees Earned (Date) \_\_\_\_\_

Describe other Training or Degrees \_\_\_\_\_

---

## Previous Volunteer Experience

 List most recent organization first. May we contact past supervisors?  Yes  No

Organization \_\_\_\_\_ Date of volunteer service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor Name \_\_\_\_\_

---

Organization \_\_\_\_\_ Date of volunteer service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor Name \_\_\_\_\_

**Employment History** If applicable, please list most recent employment. May we contact your employer?  Yes  No

Employer \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Personal History** *Please allow us to get to know you before your interview.*

1. Do you consider yourself a Christian?  Yes  No If so, for how long have you been a Christian? \_\_\_\_\_

2. What is the basis of your salvation, or what does it mean to be a Christian? \_\_\_\_\_

---

---

3. Please provide the following information about your local church.

Church name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Describe positions held/services performed within the church. \_\_\_\_\_

---

4. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide services in this community. How will your faith affect your volunteer work?

---

---

---

5. Briefly state why you are interested in volunteering at Skylark \_\_\_\_\_

---

6. What special gifts, talents, or personality traits do you bring to this ministry? \_\_\_\_\_

---

7. How does your spouse/family feel about your potential involvement? \_\_\_\_\_

---

8. Are you currently seeking to adopt a child?  Yes  No (If yes, explain) \_\_\_\_\_

9. Have you ever counseled a woman who was considering an abortion?  Yes  No (explain) \_\_\_\_\_

---

10.. Do you have a personal experience with abortion?  Yes  No (explain) \_\_\_\_\_

11. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

- Never an option
- In cases where the mother's life was in extreme peril
- In cases of extreme psychological distress
- In cases of rape/incest
- Other (explain) \_\_\_\_\_

12. Personal Abortion Knowledge: In this section, please make an evaluation of your knowledge in the following areas:

- a. How abortions are performed/methods used to perform abortions.       excellent  good  fair  poor
- b. What the Bible teaches (directly or indirectly) about abortion.       excellent  good  fair  poor

23. List any books, films, or materials that you have viewed that relate to abortion, pregnancy, or abortion alternatives.

\_\_\_\_\_

Check all the following areas in which you might be interested in serving with Skylark?

ADMINISTRATIVE

- \_\_\_ Receptionist
- \_\_\_ Writer
- \_\_\_ Accounting
- \_\_\_ Support ministries  
(sewing, gathering clothes)

PROFESSIONAL

- \_\_\_ Medical doctor
- \_\_\_ Nurse
- \_\_\_ Clergy
- \_\_\_ Attorney
- \_\_\_ Counselor

CLIENT RESOURCES

- \_\_\_ Helper (one-to-one counseling)
- \_\_\_ Bible Study leader or assistant

COMMUNITY CONTACT

- \_\_\_ Public relations
- \_\_\_ Educational research
- \_\_\_ Fund-raising

**References**

Please provide two personal references and one from your pastor. Volunteer reference forms should be mailed directly to the center.

Name	Address	Phone No.	Years Acquainted	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**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 the center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the center 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. If I become a volunteer at the center, I agree to fully adhere to its policies and procedures, including those procedures relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than that of employees of the center, and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services I may provide this ministry. I certify that I have read and am in full agreement with the center's Statement of Faith.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SKYLARK OFFICE INFORMATION**

Date Form Returned \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Interview Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 enabled 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 Evangelicals' Statement of Faith.

## Acknowledgement and Pledge

I acknowledge that Skylark is a Christian ministry which requires that all volunteers subscribe to its Statement of Faith and other guiding principles. It further requires all volunteers to uphold Christian morals and standards within their daily lives. Accordingly, I pledge as follows:

1. I have accepted Jesus Christ as my personal Savior and Lord.
2. I have read the Statement of Faith of Skylark, and I am in full agreement.
3. During the time I volunteer with Skylark, I agree to regularly attend a Christian church, and will consistently seek to live my life in a way that upholds Christian morals and standards.
4. Recognizing the commands of the Bible and the fact that this ministry is committed to proclaiming a message of sexual abstinence, I will, while volunteering at Skylark, refrain from engaging in any sexual relationship outside the bonds of Christian marriage.
5. I will adopt preventative measures to assure these purity standards are met such as, but not limited to:
  - a. avoiding inappropriate sexual comments and actions
  - b. avoiding inappropriate interaction with someone of the opposite sex to whom I am not married
  - c. avoiding living with someone to whom I am not married
6. I believe in the sanctity of human life as taught in the Bible. Therefore, I 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).
7. I accept the responsibility to act as an advocate on behalf of the women to whom I minister; to give accurate information, emotional support, and spiritual guidance. All information concerning clients will be kept in strictest confidence, including after I leave my involvement as a volunteer with Skylark.
8. I further acknowledge that my volunteerism with Skylark is on an at-will basis and may be terminated at any time, with or without cause.

---

Volunteer Signature

---

Date

**VOLUNTEER REFERENCE FORM**  
Skylark: A Sexual Health + Care Clinic  
3548 Community Road, Brunswick, GA 31520

Reference for: \_\_\_\_\_

Your name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known this applicant: \_\_\_\_\_

The person above has applied to become a volunteer for Skylark. A volunteer has direct client contact either on the hotline, as a receptionist, or as a peer counselor in the Center. The candidate has been asked to supply three references and your assistance will be greatly appreciated.

In some cases it is helpful for us to call references for our potential volunteers. If you would not mind receiving a call concerning the candidate, please provide your phone number below.

Your phone number: \_\_\_\_\_

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord
2. Dependability, responsibility and willingness to give of themselves
3. Submission to the Center's policies and procedures and to those in leadership.
4. Steadfastness, faithfulness, and possession of an unshakable confidence in the Word of God with an ability to communicate its truths.
5. Uncompromised commitment to the sanctity of all human life.

Please answer the questions listed below and write a short paragraph describing the applicant in relation to the description of a volunteer above. Please mail the completed form as soon as possible.

How would you rate the applicant regarding the following:

5 = excellent    4 = good    3 = satisfactory    2 = fair    1 = poor

_____	Dependability	_____	Spiritual maturity
_____	Communication skills	_____	Cooperation
_____	Compassion / mercy	_____	Submission to authority
_____	Initiative		

**Please write your paragraph on the back. Thank you for your assistance!**



## BACKGROUND CHECK CONSENT FORM

I hereby authorize Patrick Eades, Executive Director of Skylark, or a representative assigned by him, to receive any criminal history record information or sexual offender record pertaining to me which may be on the file of any State and/or local criminal justice agency in the United States of America. This report may be compiled with information from courts record repositories, departments or motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

The request to obtain these records is to secure the opportunity to interact with those served by Skylark. I understand all requested information will solely be used for the above stated purpose and not for any other purpose.

If the contents of the background check have an adverse effect on a decision to volunteer, employ, license, or house then the contents of this record and the effect it had upon the decision must be disclosed. Failure to provide all such information to the person in question is a misdemeanor as provided for by Georgia law. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Full current name – printed (to include any previously used names)		
Please list maiden name or previously used names or last names		
Sex:	Address (to include City, State, Zip):	
Date of Birth:	Social Security Number:	Phone Number:
Drivers License # and State: (only if mobile unit driver)		<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/> Initial this box to authorize Motor Vehicle History Records Check

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' printed name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date