### Staff and Volunteer Job Application

*This application and the information provided in it will be reviewed by qualified Parkville Women’s Clinic staff only and will remain confidential.*

##### Directions:

1. Fill out Sections A through J of this application as completely as possible.
2. Provide the Pastoral and Personal Reference Forms to the persons completing them for you (Section E). Ensure that your name and the position you are applying for, if known, is on the form. Also, encourage them to return the forms to Parkville Women’s Clinic as soon as possible.
3. Sign the application at the Signature of Agreement and Commitment section (Section J).
4. Sign and keep the Staff and Volunteer Service Commitments document.
5. Provide proof of necessary licenses or certifications, when applicable for the positions (for example, nurse).
6. Provide a Resume and please include at least two professional references if applying for a paid staff position.
7. Return the completed application to Parkville Women’s Clinic.

**Note**: If you need additional room for your answers to any of the questions, please write on the back of the page.

*Your involvement in Parkville Women’s Clinic, including training, can begin only after the complete Application, Resume, and Reference Letters are returned to Parkville Women’s Clinic and reviewed by appropriate staff.*

##### A) Demographic Information

Name

Address

City State Zip

Home Phone Business Phone

Email Address Cell Phone

Where do you attend church?

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##### B) Interest in Parkville Women’s Clinic

How did you hear about Parkville Women’s Clinic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why would you like to be involved with Parkville Women’s Clinic?

Are you interested in working directly with patients? □ Yes □ No
If Yes, please describe your expectations.

Are you interested in a staff position or a volunteer position? □ Staff □ Volunteer □ Either

##### C) Abortion & Adoption Experiences

Have you had any personal experiences with abortion or adoption? □ Yes □ No

If Yes, please describe.

##### D) Mission and Positional Statements

*Mission and Vision*

*To engage, equip and empower individuals to make informed decisions about pregnancy, sexual-health, and relationships with Christ-like compassion.*

*We envision a Kansas City where every parent values every child, born or preborn within a strong Christian family that positively impacts our community.*

**Note**: If you are not sure about your agreement or have a question about a statement, write this in the space at the end of this section and continue with the application.

###### Abortion

1. It is our position that every abortion claims an innocent life.
2. We are painfully aware of the trauma surrounding pregnancies related to rape, incest, deformities of the developing child, and/or health risks to the mother. We exist, in part, to provide helpful intervention in such cases, but we do not find abortion to be either effective or morally acceptable as a method of reducing such trauma.
3. In those extremely rare cases where continued pregnancy is reasonably expected to precipitate the mother’s immediate and literal death, we have been able to discover no clear biblical principle absolutely prescribing or recommending the act of abortion. In such cases, we encourage the parties involved to prayerfully consider the gravity of their decision and the merit of available alternatives. Furthermore, we commit ourselves to respect the decision of the parents and to provide whatever support is possible.

*Birth Control*

1. For far too long, “sex education” in our schools has concentrated on birth control instead of self-control. We believe that, so long as people engage in sexual relationships outside of marriage, there will continue to be great numbers of unplanned pregnancies, sexually transmitted diseases and broken lives.
2. Much of the difficulty encountered in confronting the problems of young adult promiscuity and pregnancy stems from a paradox engendered by the birth control establishment. Though young people are taught that sex outside of marriage is “no big deal,” they sense its profound significance and so feel both permission and desire to become sexually active. This has produced ever-higher rates of young adult sexuality, pregnancy, abortion and disease – the very problems that expensive, tax-funded programs promised to prevent.
3. Parkville Women’s Clinic is working to reach young adults with the less appealing but more truthful message that sex can only be safe and loving within the context of a permanent, marital relationship.
4. Our staff does not refer or provide patients with birth control.

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###### 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 people, regeneration by the Holy Spirit is essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord.
5. We believe in the present ministry of the Holy Spirit by who’s indwelling the Christian is enabled to live a godly life.
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.

\*The above Statement of Faith is consistent with that of the National Association of Evangelicals.

###### Statement of Principle

1. Parkville Women’s Clinic is an outreach ministry of Jesus Christ. Therefore, the center, embodied in our volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies both in word and deed. In harmony with this purpose, those who labor as Board Member, Executive Director, Support Staff and Volunteers are expected to know Christ as their Lord and Savior.
2. Parkville Women’s Clinic is committed to providing our clients with accurate information about adoption, abortion, fetal development, sexual health, and sexually transmitted disease.
3. Parkville Women’s Clinic is committed to integrity in dealing with clients, earning their trust, providing promised information and services, and avoiding any form of deception in its corporate advertising or individual conversations.
4. Parkville Women’s Clinic is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God’s people and the community at large, women may face the future and plan constructively for themselves and their babies.
5. Parkville Women’s Clinic does not discriminate in providing services because of race, creed, color, national origin, age or the marital status of its clients.
6. Parkville Women’s Clinic does not recommend, provide or refer for abortion or abortifacients.
7. Parkville Women’s Clinic is committed to creating an awareness within the local community of the needs of pregnant women and the fact that abortion only compounds human needs rather than resolve it.
8. Parkville Women’s Clinic does not recommend, provide, or refer single women for contraceptives. Married women seeking contraceptive information should be urged to seek council, along with their husbands, from their pastor or physician.
9. Parkville Women’s Clinic recognizes the validity of adoption as one alternative to abortion but is not biased toward adoption when compared to other lifesaving alternatives. We are independent of adoption agencies, relating to them in the same manner as other helpful referral sources. The organization receives no payments of any kind from these agencies and does not enter contractual relationships with them. We do not initiate or facilitate independent adoptions.

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| If you have any variance with any part of the four Positional Statements above or any questions about them, please state them below.  |
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##### E) References

Involvement with Parkville Women’s Clinic requires two references, one from your current Pastor and one from a person who knows you well and for longer than a year. The personal reference cannot be an immediate family member.

You are responsible for getting the Reference Forms located at the end of this Application to the people who will complete the forms on your behalf.

Where do you attend church?

Please list the two people who will be completing the Reference Forms for you.

Pastor Phone

Personal Phone

Relationship to you

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##### F) Relevant Experience & Skills

Please describe any experience you think may be relevant to working at Parkville Women’s Clinic. This can be employment, volunteer experiences, occupational training, public speaking, etc.

|  |  |  |
| --- | --- | --- |
| Organization / Company | Job Title | Responsibilities |
|  |
|  |
|  |

Please provide us with information about skills you may have. These can be office skills, computer skills, medical skills, counseling skills, etc.

##### G) Availability & Frequency

Please check the appropriate days and times you expect to be available.

|  |
| --- |
| **Days of Week** |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **Time** | Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Please check the box under the frequency you will be able to work.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequency:** | Multiple times per week□ | Once a week□ | Every other week□ | Once per month□ | Occasionally (as my schedule allows) □ | On Call (as you need me) □ |
| **Other:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Note**: Volunteer positions are expected to be for a period of at least one year following training. Although schedules during this time may change, Parkville Women’s Clinic is asking for a minimum commitment of one year. If you are unable to make this commitment, please indicate reasons in the space below.

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##### H) Area of Interest

Please check the box below the roles you are interested in.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Resources** | **Medical Services** | **Advancement** | **Marketing** | **Office Support** |
| Receptionist□ | Nurse/Sonographer□ | Donor Relations□ | College Campus□ | Receptionist□ |
| Advocate□ |  | Church Relations□ | Graphic Designer□ | Clerical□ |
| Smart Steps□ |  | Data Entry Specialist□ | Website Developer□ | Mailing Assistant□ |
| Boutique□ |  | Events: Banquet, Golf Tournament, Trivia, etc□ |  | Cleaning/Janitorial□ |
| Fatherhood□ |  | Change for life Campaign□ |  | Facilities Maintenance□ |
| **Other:** |  |

##### I) Commitment to Standards and Non-Disclosure

Parkville Women’s Clinic is committed to serving our clients and donors with the highest standard of professionalism. To do this, we require that all staff and volunteers agree to and commit to the standards listed below. Please read each of the standards carefully. We require that you adhere to these standards at all times during your involvement with Parkville Women’s Clinic.

**Note**: If you have a question about a standard or feel that you may be unable to adhere to a standard, please indicate this in the space at the end of this section.

1. I will know and responsibly work towards fulfilling Parkville Women’s Clinic’s Mission and Strategy.
2. I will serve women and men in unplanned pregnancies and sexual health services with care and compassion, speaking the truth in love through ministry and not manipulation (for those in positions with client contact).
3. I will always keep all client identities and life situations in strict confidence.
4. I will always keep all donor identities and donations in strict confidence.
5. I will keep all business operations, processes, methods, and documentation of Parkville Women’s Clinic in strict confidence always.
6. I will comply with the Policies and Procedures established by Parkville Women’s Clinic.
7. I will commit to serve in my position with Parkville Women’s Clinic for at least one year, following training.
8. I will never refer or advise any woman to have an abortion.
9. I will uphold Parkville Women’s Clinic’s policy on birth control, which is abstinence only for unmarried clients.
10. I will maintain my scheduled hours and to seek a qualified substitute when necessary.
11. I will be prepared for my scheduled duties and will remain responsibly engaged while performing my duties.
12. I will pray for Parkville Women’s Clinic staff, volunteers, and clients.
13. I will commit to a monogamous marriage relationship during my time at Parkville Women’s Clinic (if married).
14. I will remain sexually abstinent during my time at Parkville Women’s Clinic (if unmarried).
15. I will maintain any professional licenses and certifications required to perform services at Parkville Women’s Clinic.

Questions or comments concerning the above Commitment to Standards and Non-Disclosure:

##### J) Signature of Agreement and Commitment

Having carefully read and completed this Application, I, the undersigned, agree that:

1. I have provided information that is accurate,
2. I will uphold the Positional Statements as stated,
3. I will uphold the Commitment to Standards and Non-Disclosure as stated, and
4. I have included any questions, concerns, or differences as I presently have them.

Print Name

Signature

Date

**VOLUNTEER REFERENCE REQUEST**

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

The above-named person has applied to volunteer for the pregnancy center. The applicant has authorized us to conduct a reference check. A volunteer provides support to women facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

* A genuine commitment to Jesus Christ as Savior and Lord of their lives
* A dependable, responsible attitude; a willingness to give of themselves to the women with whom they work
* A steadfast and faithful confidence in the Word of God and an ability to communicate its truth

We have asked each applicant to supply us with two references—one from their pastor and one from a person who knows them well. Please answer the questions below and write a short paragraph describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship to the applicant? (e.g., pastor, relative, friend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you rate the applicant regarding:

|  |  |  |  |
| --- | --- | --- | --- |
|   | Below average | Average | Above average |
| Dependability |  |  |  |
| Spiritual maturity |  |  |  |
| Communication skills |  |  |  |
| Cooperation |  |  |  |
| Compassion/Mercy |  |  |  |
| Submission to authority |  |  |  |
| Initiative |  |  |  |

Please briefly describe applicant and your relationship with applicant:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your name (please print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Daytime phone number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Please mail the completed form to the address below. Thank you.

Parkville Women’s Clinic

Attn: Carrie Mathews, Client Services Director

6326 N. Lucerne Ave.

Kansas City, MO 64151