



1213 North Third, Marquette
330 Fortress, Sawyer
325 S. Pine St., Ishpeming

(For Care Clinic Office Use Only)

Interview: _____
Orientation: _____
CBC: _____
Start Date: _____
Placement: _____

APPLICATION FOR VOLUNTEERING

Name: _____ **Phone:** _____
Last First Middle Home Cell

Address: _____
Street City State Zip Code

Email: _____

Date of Birth: Month _____ Day _____ Year _____ (for background check)

Occupation: _____ Employer: _____

Student: _____ School: _____

How did you hear about the Care Clinic? _____

Work Experience:

1. Name/address of organization: _____
Name/phone of supervisor: _____
Job title: _____ Duties: _____
Dates employed: _____

2. Name/address of organization: _____
Name/phone of supervisor: _____
Job title: _____ Duties: _____
Dates employed: _____

CHRISTIAN COMMITMENT

The Care Clinic is an interdenominational Christian organization. Describe how you would interact with other Christians whose doctrines differ from your own.

PERSONAL REFERENCES

Please provide us with the names of two individuals (other than family) that we may contact for a personal reference.

Name	Address/Email	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

Do you have any medical conditions that would affect your ability to perform your volunteer duties or that the Care Clinic should know about? No _____ Yes _____ If yes, please explain:

CHURCH AFFILIATION

Pastor's Name _____ Church Name _____ Address _____ Phone _____

In what ways are you involved at church? _____

CRIMINAL RECORD

Have you in the last seven years been convicted of a criminal offense? If yes, indicate nature of offense, date, court, and disposition.

Are you volunteering to satisfy a court-required probation? If yes, please explain.

Are there any legal charges pending against you? If yes, please explain.

I seek to volunteer for civic, charitable, or humanitarian reasons. I agree to perform volunteer services without promise of compensation or other benefits for which Care Clinic employees are eligible. I agree that as a volunteer I am subject to the policies, rules and regulations of the Care Clinic including obligations regarding client confidentiality. I authorize the Care Clinic to verify any and all of the information provided on this application. I understand that this information will be used to determine my eligibility for a volunteer position. I certify that the statements made in this volunteer application are complete and true to the best of my knowledge.

Signature of Applicant _____

Date _____

Under 18 years of age: I give permission for my son/daughter/guardian to volunteer at the Care Clinic.

Parent/Guardian Signature

Relationship to Applicant

Revised 3/6/2021

Care Clinic Volunteer Opportunities

Earn While You Learn Mentor (EWYL)

Educate pregnant young women and their partners about their pregnancy and their developing unborn babies. Encourage and support positive and effective parenting. Assist families in working through a personalized lesson plan, while being a support and resource for information that will help clients with pregnancy, parenting and life skills.

Family Resource Closet

Sort and organize clothing, baby equipment, and items donated for distribution to clients.

Office Cleaning

Help to maintain a welcoming appearance of the Care Clinic facility. Vacuuming, dusting, mopping, cleaning bathrooms/kitchen, and other miscellaneous cleaning duties.

Special Events/Fundraising/Special Projects

Assist with the planning of our annual fundraising events: LifeWalk, Fall Banquet, and Baby Bottle Boomerang. Assist with other special projects as needed.

Clerical

Assist with copying, bulk mailings, data entry, chart assembly, and other light clerical work as needed.

Other

Do you have a gift or talent that is not listed here that may enhance our ministry? Let us know. We appreciate all of the various contributions our amazing volunteers make to Care Clinic!

Volunteer Questionnaire

Name: _____

What position are you volunteering for at Care Clinic?

Please describe your previous volunteer experience (and any specific pregnancy resource center experience):

Please describe what you believe about abortion:

If you have had, or have been involved in an abortion experience would you be willing to work through the confidential post-abortive support here at the Care Clinic? _____

Why do you want to volunteer at the Care Clinic?

Please list specific days/times you are able to volunteer?

Volunteer Signature: _____ Date: _____

Director of Volunteer and Client Services: _____



CONFIDENTIALITY AGREEMENT

I understand that Care Clinic information can be sensitive and confidential, and I promise to maintain the confidentiality of all information I access. I also commit to exercising discretion in conversation within the clinic, aware of the potential for someone overhearing.

I understand that personnel and patient information should be discussed only with appropriate personnel in private areas where others may not overhear. I will keep all such information in the strictest confidence, even after I am no longer associated with the Care Clinic.

I understand clinic information is to be released only by the executive director or designees, and I agree not to discuss clinic business or affairs with anyone outside the organization. I also promise to apply biblical principles to all conversations, communications, and problem-solving.

I understand that access to the clinic's databases, including medical, donor, etc., shall only be accessed for authorized reasons and only while at the Care Clinic. I agree not to access them otherwise unless expressly authorized.

I understand that violation of this policy is serious and will require investigation by the executive director and possibly result in immediate termination or other legal consequences.

Signed

Date

Care Clinic

Pregnancy Help and Educational Resources for Families

Statement of Faith

- We believe in one God eternally existing in three persons: Father, Son, and Holy Spirit.
- We believe in God the Father, whose creation reveals His unparalleled power and whose love extends to every person even before each is born.
- 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.
- 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.
- 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 through faith in Jesus Christ as Savior and Lord, who alone reconciles us to God and who is restoring God's image in us.
- 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.
- We believe in life after death of both the saved and the lost; the saved to dwell in God's presence forever, and the lost to exist without God.
- We believe that the Bible is the inspired, infallible, and uniquely authoritative Word of God, and our guide in faith and life.
- 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.
- We believe that God wonderfully and immutably creates each person as male or female and that these two distinct, complementary genders together reflect the image and nature of God.
- We believe that God created marriage to be exclusively the union of one man and one woman, and that intimate sexual activity is to occur only in that union.

Volunteer Signature _____ Date _____

APPROVED BY BOD 2/28/17



AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Care Clinic to complete my background check. The check is completed using Michigan State Police records.

I certify that all of the personal information I provided is true and correct.

I understand the information requested below is collected solely for the purpose of aiding the Care Clinic in running a background check in connection with my application for volunteering.

BACKGROUND CHECK INFORMATION

Last Name _____ First Name _____ Middle _____

Enter Any Other Names Used (including maiden names):

Last Name _____ First Name _____ Middle _____

Last Name _____ First Name _____ Middle _____

Date of Birth ____ / ____ / ____ (Month/Day/Year)

Present Street Address

City/State/ZIP

If less than two (2) years, please list your prior street address

Street

City/State/ZIP

Signature

Date (Month/Day/Year)