



# LMO Pregnancy Care Center

Life Matters Outreach, Inc. Cedartown, GA 30125 770-749-8911

## Volunteer Application

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_  
Home Office

Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Previous Occupations (if any)  
\_\_\_\_\_

### Please provide the following information about yourself:

1. What is your educational background?  
\_\_\_\_\_  
\_\_\_\_\_

Area of concentration: \_\_\_\_\_

2. List any special training, biblical studies or educational experience  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Briefly state why you are interested in volunteering at LMO.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List other ministries or organizations you have been involved in or participated in.  
\_\_\_\_\_  
\_\_\_\_\_

5. How does your spouse/family feel about this involvement at the LMO? Are they supportive?

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6. Have you ever counseled a woman who was considering an abortion?

Yes \_\_\_ No \_\_\_ (Explanation) \_\_\_\_\_

7. Have you had an abortion?

Yes \_\_\_ No \_\_\_ (If yes, please explain

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8. If yes, do you feel you have healed from the experience?

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9. Have you ever known an unwed mother? Yes \_\_\_ No \_\_\_ (Explanation)

10. How do you feel about a single person parenting her baby?

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11. How do you feel about a woman placing her baby for adoption?

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12. When do you feel intercourse is morally permissible?

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13. What are your feelings regarding birth control and teenagers or adults who are single and sexually active?

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14. Do you agree with the Biblical definition of marriage between one man and one woman?  
\_\_\_ yes \_\_\_ no

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

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16. What are your personal strengths?

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17. What are possible areas of weakness?

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18. If you have any special gifts or talents that you bring with you to this ministry, feel free to list them:

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19. Are there any personality types you have difficulty working with? \_\_\_\_\_

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### **The following questions pertain to your spiritual life.**

1. Have you accepted Jesus Christ as your Savior? Yes \_\_\_\_\_ No \_\_\_\_\_

2. In your own words, what is a Christian?

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3. Do you consider yourself a Christian?

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4. How long have you been a Christian?

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5. Please give a few brief statements (testimony) about how you came to know Christ as your personal Lord and Savior.

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6. Do you have a daily devotional time? Explain what it looks like.

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7. Volunteering at LMO involves spiritual warfare! How do you feel you will personally deal with this?

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

Never an option \_\_\_\_\_ In cases of rape/incest \_\_\_\_\_  
In cases of extreme severe psychological stress \_\_\_\_\_  
Other \_\_\_\_\_

9. Personal Abortion Knowledge: In this section, please make a general evaluation of your knowledge in the following areas:

- a. Knowledge of how abortions are performed/methods used to perform abortion.  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- b. Knowledge of the existing laws regulating abortion.  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- c. Knowledge of what the Bible teaches (directly or indirectly) about abortion.  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

10. Please list any books, films, or other materials that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion. \_\_\_\_\_

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Please provide the following information on your local church.

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Phone Number \_\_\_\_\_

May we call your pastor for a reference? Yes \_\_\_\_ No \_\_\_\_

Describe positions held/services performed, and/or areas of involvement within the church \_\_\_\_\_

**Below, please list the name and address of two people to whom we can send a reference form. One of these people should be your Pastor, and the other should be someone who knows you and your commitment to the Lord, well.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Volunteer Service:**

Date Volunteer Service Began: \_\_\_\_\_

Position: \_\_\_\_\_

Current Service Involvement: \_\_\_\_\_

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Church Membership: \_\_\_\_\_

Church Leadership/Participation: \_\_\_\_\_

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Talents, Skills, Abilities, Special Gifts: \_\_\_\_\_

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## JOIN A VOLUNTEER TEAM

Please check all areas that you are interested in.

**Care Coordinator Team**

This team works directly with clients in the Care Room to educate them about their pregnancy options, encourage them, and connect them with resources. This is the team most needed in order to provide services to the clients coming into the center. Please prayerfully consider this team or you may choose to serve on a different team until you feel more prepared in this area, or as you complete your volunteer training. *Vicki Jackson and Heather Blackmon lead this team.*

**Caring Closet Team**

This team volunteers in the Caring Closet and Blessing Boutique to help keep clothes organized and in season, and assist young women in choosing appropriate choices as they spend their "baby bucks".

**ABIDE Mentor Team**

This is a team of Parenting Mentors who assist our Parenting class attendees. Parenting Mentors are trained in assisting these clients with their DVD sessions and assignment.

**Office Support Team**

This volunteer team greets people at the front counter, answers phone calls, makes appointments, makes needed copies and stuffs envelopes, etc

**Development Team** This team assists with community events and promotions. This team also organizes products and promotional items to distribute in order to educate the community about opportunities to partner with the Center and in order to inform young women about services offered. *Vicki Jackson leads this team.*

**Resource Team**

This team researches local resources that would be beneficial to our clients and assists in updating our resource information. Rhonda Heuer leads this team.

**Sexual Integrity Team**

Abstinence Presentations: This team will be trained to perform presentations in churches and the community.

**Facility Team**

Assists in cleaning and upkeep of facility. This team ensures that the Center is clean and gives a positive first impression to clients and visitors.

**Prayer Team**

This team is emailed prayer requests and prays over those requests. They also prayer walk the center.

### Availability:

Number of hours per week: \_\_\_\_\_ Number of hours per day? \_\_\_\_\_

Preferred days of the week (Circle)      M, T, W, T, F, S,



# LMO Pregnancy Care Center

## Life Matters Outreach, Inc.

### Statement of Faith

We believe....

1. That the Bible, consisting of the 66 books of the Old and New Testament, is the infallible, inspired, inerrant Word of God, and is to be our final authority in faith and practice. (2Tim. 3:16, 17; 2 Peter 1:20-21)
2. There is only one true and living God eternally existing as a trinity in unity: God the Father, God the Son, and God the Holy Spirit--three persons but yet one God. (Deut. 6:4, Mt. 28:19)
3. Jesus Christ is the Son of God. He became truly man while remaining truly God through His virgin birth as conceived by the Holy Spirit. After living a sinless life, He died on the cross for the sins of the world, shedding His perfect blood for our atonement. On the third day of being in the tomb, He was bodily resurrected from the grave and forty (40) days later ascended back into heaven. (John 1:1, 2; 1:14, 10:30, Is. 7:14, Mt. 1:20-23)
4. Man was created in the image and likeness of God and placed in the Garden of Eden. Man rebelled against God, thereby placing all mankind under condemnation, making it absolutely necessary for everyone to repent and be born again in order to go to Heaven. (Gen. 1:26, Rom. 3:10 & 23, Acts 20:21, John 3:7)
5. Salvation is the free gift of God to all mankind, received by grace through faith alone, not of works. We believe that God is no respecter of persons in the manner of salvation, and has called all men to repentance. God our Creator has given man the free will to accept or reject this gift. (John 3:16, 17; Eph 2:8, 9; I Tim. 2:4; 2 Peter 3:9)
6. Eternal security is granted to those who are truly born again. God, the Author of Salvation, is also the One Who retains it and grants eternal blessedness and a literal heaven for the redeemed.
7. In the existence of a fiery hell and a personal devil, who is still working in the world to destroy the souls of men, and that he and all his angels and all who do not received Christ as their personal Savior, will eternally perish in the lake of fire. (Jude 1:7, John 8:44, Rev. 20:11-15)
8. In the Blessed Hope, and eagerly await the imminent return and glorious appearing of our Lord and Savior. (I Thes. 4:16-18, Titus 2:11-14)
9. That God created the earth in 6 days, and that this can in no way be reconciled with

evolution. (Gen. 1 and 2)

10. Human life begins at conception and the unborn child is a living human being. Abortion constitutes the taking of unborn human life. (Job 3:16, Psalm 139, Isa. 44:24; 49:1, Jer. 1:5, Luke 1:44)
11. In the authority of the local church, and that it is the duty of every born again soul to unite with a local, visible assembly, and to make a public profession of faith in the Lord Jesus Christ. (Rom. 10:9-10, Heb. 10:25, Acts 2:41-17)
12. That marriage is an ordained union of God, consisting of one man and one woman. All other sexual relations, including homosexuality, adultery, and pornography, are sinful perversions, and are forbidden by God. (Gen. 2:18-24, Gen. 19, Lev. 18:1-30, Rom. 1:16-29, I Cor. 6:9-10, Heb 13:4)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# LMO Pregnancy Care Center

## Life Matters Outreach, Inc.

### Statement of Guiding Principles

1. Human life is sacred from the moment of conception until natural death.
2. Legalized abortion on demand is the unjustifiable taking of a human life; therefore, LMO will not counsel, refer, or recommend any woman, regardless of the circumstances of conception (including rape and incest), for an abortion.
3. There is forgiveness and healing through Jesus Christ for women who have experienced abortion.
4. LMO is opposed to any practice, legal or illegal, that compromises the sanctity of life. This includes (but is not limited to) abortion, physician-assisted suicide, euthanasia, stem cell research, and abortifacient birth control methods. This does not include capital punishment.
5. Adoption is one positive alternative to abortion. LMO commends those agencies that assist women in placing their children for adoption and will cooperate with such agencies whenever possible.
6. LMO affirms the Biblical teaching that children are a blessing and welcomes them.
7. LMO affirms the Biblical model for marriage and family.
8. LMO promotes abstinence from sex until marriage.
9. LMO will not recommend or provide contraceptives to single women and will not refer them to agencies that do. LMO further holds the position that birth control methods do not completely protect one from pregnancy, are not effective in preventing STD's, and can in no way protect one's heart and emotional well-being.
10. LMO is committed to providing complete and accurate information to clients and refraining from any form of deception in advertising or individual conversations.
11. LMO will not discriminate in providing services on the basis of a client's race, creed, national origin, age, or marital status.
12. LMO will seek to lead each woman to a personal relationship with Jesus Christ.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Life Matters Outreach, Inc.  
Commitment of Care**

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability, or other arbitrary circumstances.
2. Clients are treated with kindness, compassion, and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence.
6. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
7. We do not offer, recommend or refer for abortions or abortifacients, but we are committed to offering accurate information about abortion procedures and risks.
8. All of our advertising and communications are truthful and honest and accurately describe the services we offer.
9. All of our staff and volunteers receive proper training to uphold these standards.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Background Information and Consent**

- 1. Have you at any time ever:
  - Been arrested for any reason \_\_\_ yes \_\_\_ no
  - Been convicted of, or pleaded no contest to any crime? \_\_\_ yes \_\_\_ no
  - Engaged in, or been accused of, any child molestation, exploitation, or abuse? \_\_\_ yes \_\_\_ no
  
- 2. Are you aware of:
  - Having any traits or tendencies that could pose any threat to children, youth or others? \_\_\_ yes \_\_\_ no
  - Any reasons why you should not work with children, youth or others? \_\_\_ yes \_\_\_ no

If the answer to either question 1 or 2 above is "yes", please explain in detail:

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(Please attach additional pages if more space is needed)

List all counties and states where you have lived.

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Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Applicant Verification and Release:**

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a background investigation check.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_