

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



# Volunteer Application

Return to Life Line Sampson

**OR mail to**

Life Line Sampson

109 W. Main St. Suite A

Clinton, NC 28328

**Information:**

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

First

MI

Last

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Age of children (if applicable): \_\_\_\_\_

Education (circle highest level):    Some High School    High School    Grad Some    College    Collage Grad

How did you hear about Life Line? \_\_\_\_\_

What church do you currently attend?: \_\_\_\_\_ How long? \_\_\_\_\_

Previous Volunteer Experience (if any): \_\_\_\_\_

Availability & Interest: (Check all that apply) :

I would like to work weekly \_\_\_\_\_ With clients \_\_\_\_\_ Not with clients \_\_\_\_\_ Either \_\_\_\_\_

I am available on this/these days: \_\_\_\_\_

I would like to be a project volunteer (called in when needed) \_\_\_\_\_

I would like to help with administrative/office type work \_\_\_\_\_

I would like to work in the Baby Shop \_\_\_\_\_

Current Occupation (if any): \_\_\_\_\_

Have you ever been charged or convicted of any crime? Are you under legal investigation for any reason?

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

Special skills, talents, gifts, or personality traits you can bring to this ministry?

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

Have you or someone close to you experienced pregnancy loss such as abortion or miscarriage? \_\_\_\_\_  
\_\_\_\_\_

Have you had any kind of traumatic experience in the last year (if yes, please explain)?:  
\_\_\_\_\_  
\_\_\_\_\_

Under which of the following circumstances would you consider an abortion to be an alternative for a woman with a crisis pregnancy?:

- ☐ Never an option      ☐ Life of the mother      ☐ In cases of rape or incest
- ☐ Other (please explain): \_\_\_\_\_

What are your thoughts on adoption?: \_\_\_\_\_  
\_\_\_\_\_

Are you currently seeking to adopt a child?: \_\_\_\_\_

What are your thoughts/feelings regarding contraceptives and single sexually active teens and adults? \_\_\_\_\_  
\_\_\_\_\_

### **Christian Walk**

Do consider yourself to be a Christian?:    ☐ YES      ☐ NO

How do you believe a person becomes a Christian? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief statement about how and when you became a Christian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received training to share your faith?: (if yes, please describe): \_\_\_\_\_  
\_\_\_\_\_

Please rate your comfort level in sharing your personal faith in Christ (on a scale of 1-10):  
\_\_\_\_\_

## Statement of Faith

Please initial by each item with which you agree

\_\_\_\_\_ I believe the Bible to be the inspired, the only infallible, authoritative Word of God.

\_\_\_\_\_ I believe that there is one God, eternally existent in three persons: the Father, Son and the Holy Spirit.

\_\_\_\_\_ I 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.

\_\_\_\_\_ I believe that for the salvation of lost and sinful mankind, regeneration by the Holy Spirit is absolutely essential and that this salvation is received only through faith in Jesus Christ and not as a result of good works.

\_\_\_\_\_ I believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

\_\_\_\_\_ I 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.

\_\_\_\_\_ I believe in the spiritual unity of believers in our Lord Jesus Christ.

\_\_\_\_\_ I believe in the existence of Satan as a real spiritual being.

\_\_\_\_\_ I believe in the creation of man and the entire universe by the direct act of God.

(Adapted from the National Association of Evangelical's Statement of Faith)

## LLS Dress Code

Volunteers should reflect the professionalism and high standards of Life Line Sampson. Therefore, volunteers are expected to dress appropriately with attention to the message their attire communicates. Volunteers should dress in a manner appropriate for a professional office. While it is important not to dress in a manner that may intimidate clients, a volunteer's attire should reflect competence, neatness and a professional demeanor.

## Life Line Sampson Policy

- Anyone who has had a pregnancy termination must attend LLS's Post Abortion mentoring prior to becoming a mentor.
- A mentor must live a life of moral purity (abstinence outside of marriage, fidelity within marriage) of at least two years prior to client contact.
- I have read, understand, agree with and initialed the "Statement of Faith".
- I understand that as a mentor, I represent LLS in my community and will conduct myself in a way that reflects positively on my faith and LLS.
- I understand that LLS reserves the right to run a background check on me.
- I understand that LLS may call or send reference checks to references I have listed.

Signing this policy indicates that you understand and agree to the aforementioned statements:

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Volunteer's Signature

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Date

## Volunteer Confidentiality Pledge

Confidentiality is a stated tenant of Life Line Sampson (LLS) and is a vital issue to all client relations. Client information will not be disclosed to family, friends, other agencies, etc, without written permission from the client. All volunteers and staff are to conscientiously consider and protect the identity of client or client records.

I hereby pledge that I will not divulge any confidential information regarding LLS, its employees, volunteers, clients or donors.

I will not discuss any information with anyone except the Client Services Director or in her absence the Executive Director.

I understand that if I break my pledge, I will not longer be permitted to volunteer for LLS.

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Volunteer's Signature

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Date

# Authorization to Conduct a Criminal Background Investigation

Dear Staff and Volunteers,

Life Line Sampson's professional liability company has strongly suggested that we conduct background checks on anyone who works with money, clients or minors. Our ability to obtain certain kinds of liability coverage may depend upon such checks. This is a reflection of the society in which we now live.

The center recognizes that its need to investigate a staff or volunteer's history must be balanced with the need to protect individual privacy. Center policy and state and federal laws prohibit the staff and others from seeking, using, or disclosing personal information except within the scope of their assigned duties.

You are being asked to sign a release form giving Life Line Sampson permission to initiate a criminal background check. You will also be notified of the results and all results will be kept in your confidential volunteer folder which is in a secured filing cabinet. If for any reason you object to such a background check, please talk to Celey Cumbo, Executive Director.

Thank you for your cooperation and your faithful service to this ministry.

Sincerely,  
Celey Cumbo,  
Executive Director

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

First

Middle

Last

Maiden

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

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

Drivers License #: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other States you lived in the last five years: \_\_\_\_\_

I hereby authorize Life Line to procure a criminal background check as allowed by law. I understand that I may request a complete and accurate disclosure of the nature and scope of this background verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please include a copy of TWO sources of ID:

\_\_\_\_ Driver's License    \_\_\_\_ Social Security Card    \_\_\_\_ Health Insurance Card  
\_\_\_\_ Passport    \_\_\_\_ Military ID    \_\_\_\_ Birth Certificate    \_\_\_\_ Picture ID