

LIFELINE PREGNANCY CARE CENTER Board of Directors Application

This application is to be completed by all volunteer applicants within the Lifeline Pregnancy Care Center ministry. It is being used to provide a safe and secure environment for those clients and their children who participate in our programs and frequent our facilities as well as protecting the process of ministry. Please provide correct and adequate answers for the following questions and write clearly.

Date: \_\_\_\_\_, 20\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/er

Name of Spouse, if applicable: \_\_\_\_\_

Ages of/Number of Children: \_\_\_\_\_

Is your spouse supportive of your decision to work/volunteer with the ministry of Lifeline PCC? Y or N

Present Employer: \_\_\_\_\_

Can we call you at work? Y or N Work Phone Number: \_\_\_\_\_

Name of your church: \_\_\_\_\_

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

Are you a born again Christian? Y or N When did you accept Christ? \_\_\_\_\_

Have you been baptized in water? Y or N Where? \_\_\_\_\_ Year \_\_\_\_\_

Do you believe:

In the virgin birth and deity of our Lord Jesus Christ? Y or N

That Jesus is God's Son and only sacrifice for sin? Y or N

That man must be born again to receive eternal life? Y or N

In the eternal reward for the believer (Heaven)? Y or N

In the eternal damnation of the lost (Hell)? Y or N

The infallibility of scripture? Y or N

In the baptism of water? Y or N

That Jesus Christ rose bodily from the dead? Y or N

In the second coming of Jesus Christ? Y or N

List the name and address of other churches you have attended regularly during the last 5 years:

List any gifts, callings, trainings, education, or other factors that have prepared you for ministry:

Have you ever led a person to Christ? Y or N

Have you been involved with a pregnancy care center ministry prior to now? Y or N

If yes, where? \_\_\_\_\_

Have you ever served on a board before? Y or N

Please give information \_\_\_\_\_

Why do you wish to be involved with ministry at Lifeline Pregnancy Care Center? \_\_\_\_\_

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

Please provide two personal references, not including former employers or relatives:

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

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

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

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

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

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

Statement by Applicant:

The information contained in this application is correct to the best of my knowledge. I authorize references or churches listed in this application to give any information regarding my character and fitness for serving in the ministry of Lifeline Pregnancy Care Center. I release all such references from liability for any damage that may result from furnishing evaluations to you, and I waive any right that I have to inspect the references provided on my behalf.

Should my references be accepted, I agree to be bound by the policies and procedures of Lifeline Pregnancy Care Center and its ministry departments. I also agree to refrain from unscriptural conduct in the performance of my services on behalf of the ministry.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As I serve in ministry on the Board of Director's for Lifeline... I agree to:

- Live a life pleasing to and in reverence of God
- Present Christ to the lost
- Be faithful to regular church attendance and giving to my church
- Share in love that which needs attention in the life of a fellow believer in ministry
- Conduct myself in a Christian manner at all times
- Listen to other's points of view
- Pray regularly for the ministry
- Keep confidential that which is discussed
- Support Lifeline financially according to God's leading in your life
- Attend monthly scheduled board meetings and give notice of inability to attend a board meeting
- Support various activities requiring board members involvement

I have read the above qualifications and pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above qualifications is grounds for dismissal.

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

**AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION**

In connection with my application for a volunteer position with Lifeline Pregnancy Care Center, I authorize LPCC and/or their agent, to solicit background information relative to my criminal record history. I understand that LPCC may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by LPCC for purposes of obtaining background report information, to furnish the above-mentioned information.

I release Lifeline Pregnancy Care Center, their respective employees or their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

**PLEASE PRINT.**

Requested by: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

AKA/Maiden Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please note: If your address is a rural route or PO Box, we must have City and County to which mail was delivered.**

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

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

Months/years at this address: \_\_\_\_\_

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

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

Months/years at this address: \_\_\_\_\_

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

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

Months/years at this address: \_\_\_\_\_

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

-----DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE. -----

Date of background check: \_\_\_\_\_ Result: Pass or Fail

References called: Y or N

Notes from References:

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