



Client-Contact Volunteer Application

All information will be verified. If you will be in direct contact with APO clients, you will be asked to obtain a TB test and consent to Criminal History and Central Registry Background checks.

DATE : ___/___/___

Date received by agency ___/___/___

Interview date ___/___/___

NAME (printed) _____

ADDRESS _____

CITY _____, Texas ZIP _____

PHONE (____) _____ CELL PHONE/Pager (____) _____

E-MAIL _____, _____

SOCIAL SECURITY NUMBER _____ T. D.L. # _____

If applying to provide transportation services please include automobile insurance carrier name, _____.

We will ask for a copy of your verification document before you can provide transportation for APO clients.

If applying to provide Shepherding Family services, please include name of homeowner's insurance _____.

We will ask for a copy of your liability policy before an APO client is placed into your home.

MARITAL STATUS Circle one: Single Married Widow/Widower Divorced

SPOUSE'S NAME _____

EDUCATION HISTORY GED ___ High School Graduate ___ Some College ___ College Graduate ___

YOUR OCCUPATION _____ WORK NUMBER (____) ___ - _____

HOME CHURCH _____

ADDRESS _____

CITY _____, Texas ZIP _____

PHONE (____) - _____ - _____ MEMBER? ___Y___N

Pastor's Name _____

Please send two personal references requests to those who are in ministry with you either in your church or community.

Note: APO's licensing regulations stipulate that our volunteers must not be on criminal probation, parole, or volunteering to work off community service hours for the courts. By signing below, you certify that this is true and correct.

Signature _____ Date _____

For what reasons do you want to volunteer with Aggieland Pregnancy Outreach?

Do you have any previous experience working with young women? If so, briefly describe. _____

Is one of your references someone who has observed you in this capacity? If no, please give the name, address and email or phone of someone we may contact. _____

Do you have a desire to adopt a child? Circle one Y/N

If yes, briefly describe avenues taken toward adoption. _____

In what type of role do you see yourself serving w/ APO right now? Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Transportation services to appointments | <input type="checkbox"/> Office help—filing, newsletter mailing, phone calls to other volunteers, etc |
| <input type="checkbox"/> Host Family home—girl above 18 years old | <input type="checkbox"/> Mama Closet: organized and clean donated baby clothes and accessories |
| <input type="checkbox"/> Host Family home - girl younger than 18 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mentoring - sharing your life skills and talents | |

What type of future role do you desire to fulfill w/ APO? _____

I understand that as a Christian organization, APO has the right to ask questions about my faith, and ask for a signature to a Statement of Faith. Circle one: Y/N

I agree to be bound by the contents of the Statement of Confidentiality if I serve as a volunteer with APO.

Circle one: Y/N

Signature of applicant _____ / ____ / ____

**Aggieland Pregnancy Outreach, Inc.
Christian Faith Questionnaire**

1. Who is Jesus Christ?

2. How does someone become a Christian?

3. What does it mean to be born again or to be born of God as mentioned in Bible passages such as John 3:3-8 and I John 3:9, 5:1, 5:4?

4. Who is and what are some of the functions of the Holy Spirit?

5. What is a Christian's eternal security? Do you have it? _____

STATEMENT OF CONFIDENTIALITY

Aggieland Pregnancy Outreach is a confidential service, and we must be extremely careful not to violate the confidence of our clients.

Never discuss her problems with other agencies, physicians, etc., without her prior written consent.

Too many confidences are violated in the name of concern to church members, family members, or prayer chains. If you desire to add a client's concern to a prayer chain, do not mention her name, just a brief comment about her struggles and remind them that the Lord knows all the details.

Occasionally, someone in the community may find out that you are working with this ministry and may call asking if "Mary Smith" is one of your clients. By no means give out that type of information. You may say that the identity of all of our clients is confidential so you are not at liberty to say.

Never discuss a client with another counselor in a social setting. You may only do so if you are absolutely certain you are alone.

Always keep in mind: If you were the client, would you want to have your trust betrayed?

I understand that as I seek to minister to the clients of Aggieland Pregnancy Outreach, the clients' confidentiality is to be respected. I, therefore, promise to maintain confidentiality for every client of Aggieland Pregnancy Outreach. I will not discuss specific names or circumstances encountered by the clients with whom I will work.

Signature

Date

AGGIELAND PREGNANCY OUTREACH, INC.

DOCTRINAL BELIEFS

I believe:

...the Bible to be the inspired, the only infallible, and authoritative Word of God.

...that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.

...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 ascension to the right hand of the Father and in His personal return in power and glory.

...that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.

...in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.

...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.

...in the spiritual unity of believers in our Lord Jesus Christ.

STATEMENT OF PRINCIPAL

Aggieland Pregnancy Outreach:

...is committed to assisting women carry their pregnancy 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 with hope and plan constructively for themselves and their babies.

...does not discriminate in providing services because of race creed, color, national origin, age or marital status of its clients.

...advises, provides and refers for adoptions and other pregnancy support services while strongly discouraging abortion.

...offers assistance free of charge at all times.

I understand and agree with the above, and if at anytime there is a change in my beliefs, I shall immediately make it known to Aggieland Pregnancy Outreach.

Signature

Date



Consent for Central Registry and Criminal History Background Check

I give my permission to Aggieland Pregnancy Outreach, Inc. to initiate a search of the Central Registry (child abuse history) and to request a Criminal History Background check on me.

_____ Date _____
Signature of applicant

Name of applicant: (please print) First Middle Last

*Social Security Number _____ - _____ - _____. (ALL INFORMATION REQUIRED)

*Texas Driver's License _____ * Please include a photo copy of either your

Date of Birth _____ Texas driver's license or state issued ID.

Gender: male _____ female _____

Address

City State Zip County

_____(_____)_____

Home Telephone

Other cities of residence in Texas? _____

Have you lived outside of Texas in the past 5 years? Yes / No

If yes, please indicate addresses **outside of Texas** (including name of county) where you have lived in the past 5 years. _____

Ethnicity: Hispanic _____ Not Hispanic _____ Other _____

Race: American Indian/Alaskan Native _____ Asian _____ Black _____

Native Hawaiian / Pacific Islander _____ White _____ Unable to Determine _____

Other names I have been known by :

📄 Maiden name _____

📄 Previous Married name _____

📄 Any other names/alias used _____



Reference Request

To: _____

Address: _____

_____, _____

Zip code _____

Regarding: _____

The above named person is applying to volunteer with Aggie Land Pregnancy Outreach, Inc. and has given your name as a reference. Your experience and relationship with this individual is invaluable to us. Please answer the following questions with respect to his/her potential volunteer work with Aggie Land Pregnancy Outreach, Inc. Our Mission is to provide support services to women experiencing unplanned pregnancies. Our vision is to show them Jesus Christ through our words, actions and deeds. Your answers are considered confidential.

If you would rather speak to a staff member please feel free to call.

Sincerely,
Aggie Land Pregnancy Outreach, Inc.

1. How long have you known the individual and in what context? _____

2. Are you related to this individual in any manner? If so how? _____

3. Regarding their emotions, please comment on the control or expression of emotions

4. To your knowledge has he/she had any experience in adoption relationships (self, family members, etc.) in the past? _____

5. Do you participate in church or community ministry with this person? If so, describe? _____

6. If you had a daughter who was pregnant and she was to be in relationship with this person as a volunteer for APO, Inc., would you feel comfortable? Why or why not?

7. Have you observed or been the recipient of this person's spiritual counsel? If so, describe how they view God, Jesus and spiritual forgiveness? _____

8. How does this person demonstrate faithfulness and reliability? _____

9. Would you share a confidential personal matter with this person and be assured it would not be shared with others? _____

10. Do you know of any personal vulnerability such as, but not limited to: alcoholism, illegal drug use, obsessive behavior of any type, gambling or mental illness? _____

11. From your association with this individual, what makes them valuable and potentially effective for our ministry? _____

12. Please record any additional comments you desire. _____

Thank-you for your time and candor. If we need to follow up for additional information or clarification, please include a phone number and best time of day to contact you.

Phone number (____) _____ - _____ Time of Day _____



Reference Request

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Address: _____

_____, _____

Zip code _____

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