

Care Net Confidentiality Statement

As a volunteer, I hold in high esteem the right of our clients to have their privacy protected. Any information shared by them or by the staff will be kept in strict confidence. I will guard against any conversation that would violate confidentiality by being very discreet about what I discuss both within and outside the ministry. I will share with the staff any sensitive information and will do so with concern for the welfare of the organization and the clients. I am aware that certain information pertaining to internal matters should be maintained confidential.

By signing this document, I am agreeing to keep confidential all information about our clients. I will:

- Prepare records carefully, being accurate and professional
- Physically safeguard records and other confidential materials by guarding them carefully while in use, and keeping them locked when not in use
- Release confidential information from client records only with the express written permission of the client
- Guard against informal violations of confidentiality by being very discreet about what I discuss both within and outside the organization
- Only seek access to the records with which I am personally involved
- Continue to observe the procedures protecting confidentiality after termination of my employment

Infractions of the above agreements are defined as being of two types:

Type 1: Intention and serious – This is when a volunteer knowingly and deliberately commits a breach of client confidentiality. The commitment of a Type 1 infraction will result in a discussion of the infraction between the volunteer and immediate supervisor and a written reprimand entered into the volunteer's personal record. A serious infraction could be considered grounds for dismissal.

Type 2: Unintentional and moderate – This is when by carelessness, forgetfulness, or poor judgment a volunteer places in jeopardy the confidential record or information regarding the client. The commitment of a Type 2 infraction will be discussed with the volunteer by the immediate supervisor and noted in writing in the volunteer's personnel file. Repeated commitment of a Type 2 infraction could be considered grounds for dismissal.

I am familiar with the Confidentiality Policy Statement and agree to adhere to the guidelines set forth in this document. In addition, I am aware that certain information pertaining to internal matters of the agency should be maintained confidentially. Sharing about agency policies, newsworthy issues, and other sensitive information should be done with concern for the welfare for the organization.

Signature _____ Date _____

Carolina Family Planning Center

Volunteer Opportunities

Name: _____ Date: _____
Telephone #: (H) _____ (W) _____
E-mail Address _____

We have included a list of available volunteer opportunities. The categories below that are marked with an asterisk (*) require participation in the 12-hour Care Net training as well as a period of In-House training. Volunteer opportunities and areas of need will be further discussed in an interview, and upon completion of the 12-hour training. Please indicate which opportunities that you would like more information about.

Please indicate the days and times you would be available.

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday
_____ Thursday _____ Friday _____ Saturday

CONSULTANT

- ___ *Crisis (provide counsel, support and encouragement to those initially facing unplanned pregnancy, *requires a minimum of one year commitment*)
- ___ *Pregnancy Support (provide counsel/mentoring to birth moms throughout the pregnancy, *requires a minimum of one year commitment*)
- ___ *Sexual Health (provide abstinence and decision-making support after STD testing; *requires a minimum of six months commitment*)
- ___ *Layette (provide baby items and emotional support to new moms once their baby is born)
- ___ *After Care (provide counsel/education to moms during the first year after the birth of their child)

EDUCATION DIVISION

- ___ *Booths (willing to speak at churches, schools, civic organizations, etc. about topics such as: the Care Net ministry, abstinence, sanctity of life issues, parenting, etc.)

CLASS INSTRUCTOR

- ___ *Instruct/teach classes (sample classes or group sessions include: newborn parenting, parenting toddlers, family budgeting, nutrition, post-abortion, etc.)

FUND-RAISING/PUBLIC RELATIONS

- ___ Annual Banquet (Fall)
- ___ Walk for Life (Spring)
- ___ Graphic Design
- ___ Web page design

___ Advertising

SUPPORT STAFF

- ___ Benevolence (organizing donated baby items, etc.)
- ___ Mailing projects/errands
- ___ Computer/technical support
- ___ *Bilingual interpreter
- ___ Church Liaison (Care Net "contact person" at your church)

MEN'S MINISTRY

- ___ *Crisis (provide counsel, support and encouragement to men initially facing unplanned pregnancy, *requires a minimum of one year commitment*)
- ___ *Pregnancy Support (provide counsel/mentoring to birth dads throughout the pregnancy, *requires a minimum of one year commitment*)
- ___ *Sexual Health (provide abstinence and decision-making to the male partners after STD testing; *requires a minimum of six months commitment*)
- ___ Building maintenance, repairs, etc.

EXTENDED FAMILY

- ___ Provide housing to a birthmom throughout her pregnancy and six weeks afterwards (special training will be provided)

INTERCESSORY PRAYER MINISTRY

- ___ Receive monthly prayer updates
- ___ Commit to pray weekly for the ministry

VOLUNTEER INFORMATION
(Confidential)

Name: _____ Birthdate: ____ / ____ /xxxx
Address: _____ Phone #: (H) _____ (W) _____
City: _____ Zip: _____ Occupation _____ Marital Status: _____
Are you currently a student? ____ If "yes," please list where and the hours attending: _____
Previous occupations/work experience: _____
Previous volunteer experience: _____

CHRISTIAN WALK

Do you consider yourself a Christian? ____ If "yes," please explain what being a Christian means to you: _____

How long have you been a Christian? ____ Comment: _____
How has your life changed since you became a Christian? _____

Name of church you currently attend: _____ Denomination: _____
Church address: _____ City: _____ Zip: _____
Pastor's name: _____ Pastor's telephone #: _____
Describe any positions you have held or services you have performed within the church: _____

How long have you been involved at your church? _____

Are you currently involved in a Bible Study? ____ If "yes," for how long? ____
Do you have a daily devotional time? ____ If "yes," briefly describe: _____

Volunteering in a ministry such as Care Net can involve a great deal of spiritual warfare. How would you personally deal with this fact? _____

TRAINING AND GIFTINGS

What is the extent of your formal education? _____
Area(s) of academic concentration: _____
Please list any special training, biblical studies, or educational experiences: _____

What special gifts, talents, or personality traits would you bring to this ministry? _____

What do you feel are some of your strengths? _____

What do you feel are some personal areas of weakness? _____

What personality types do you have difficulty in working with? _____

How do you resolve conflict or disagreements? _____

GENERAL INFORMATION

How did you hear about Care Net? _____

Please state briefly why you are interested in volunteering at Care Net: _____

How does your spouse/family feel about this involvement? _____

Have you ever counseled a woman who was considering an abortion? _____ If "yes," please explain: _____

Have you had any personal, traumatic experiences pertaining to abortion? _____ If "yes," please explain: _____

(If you prefer, you can choose not to answer this question here and instead discuss your response confidentially with the director.)

Have you ever been convicted of a crime? _____ If "yes," please explain: _____

Were you a victim of abuse or molestation as a child? _____
(Explanation) _____

(If you prefer, you can choose not to answer this question here and instead discuss your response confidentially with the director.)

Have you or are you currently receiving psychiatric care? _____

Have you ever known a single mother? _____ If "yes," what were your feelings about her particular situation? _____

How do you feel about a single woman parenting her baby? _____

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

Under what circumstances would you consider abortion as an alternative for a woman facing an unplanned pregnancy? Never an option _____ In cases of rape/incest _____ In cases of extreme psychological stress _____ Other: _____

PERSONAL KNOWLEDGE ABOUT ABORTION

Personal knowledge of how abortions are performed/methods used to perform abortions:

Excellent _____ Good _____ Fair _____ Poor _____

Personal knowledge of the existing laws regulating abortion:

Excellent _____ Good _____ Fair _____ Poor _____

Personal knowledge of what the Bible teaches (directly or indirectly) about abortion:

Excellent _____ Good _____ Fair _____ Poor _____

Please list any books, films, or other materials that you have read or reviewed that relate to abortion, pregnancy, or alternatives to abortion: _____

ADDITIONAL INFORMATION

When do you feel sexual intercourse is permissible? _____

Please explain: _____

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

Are you currently seeking to adopt a child? _____

Please read the attached Statement of Faith and Principles. Are you uncomfortable with any aspect of the Care Net Statement of Faith and Principles or Addenda on adoption and picketing? _____

If "yes," please explain: _____

How long can you commit to being a Care Net volunteer? (6 mos.) (1 yr.) (other) _____

PERMISSION TO OBTAIN PERSONAL DATA REPORT & REFERENCE CHECK ON APPLICANT FOR EMPLOYMENT

I, the undersigned, understand that this form will serve as my consent and gives my authorization for *Carolina Family Planning Centers* to obtain various personal information reports for the purpose of employment and/or volunteer consideration.

Reports may be obtained through SLED, the County Sheriff Department, or other similar services. Reports will include personal information relating to background checks.

I also give permission to speak with my former employers as references. I understand this information will be used for evaluating the possibility of employment or a volunteer position with *Carolina Family Planning Centers*. All files and information obtained will remain strictly confidential to the Board of Directors.

Personal Information:

Applicant's Name: _____

Applicant's Address: _____

Applicant's City, State, Zip: _____

Applicant's Social Security Number: _____

Applicant's Drivers License Number _____

Two Employment References (Use most recent):

1) Current or Past Employer: _____

Dates Employed: _____ to _____ Position: _____

Supervisor's Name: _____ Phone _____

2) Pastoral reference: _____

Church name: _____ Phone _____

3) Personal reference: _____

Relationship: _____ Phone _____

Signed (Applicant): _____ Date: _____

Received by: _____ Date: _____

Carolina Family Planning Center

Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit.
3. We 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.
4. We believe that for the salvation of lost and sinful men, 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.
5. We believe 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.
6. We 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.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Carolina Family Planning Center

Statement of Principle

1. The pregnancy center is an outreach ministry of Jesus Christ through His church. Therefore, the pregnancy care center, embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies – both in word and in deed. Commensurate with this purpose, those who labor as pregnancy care center board members, directors, and volunteers are expected to know Christ as their Savior and Lord.
2. The pregnancy care center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The pregnancy care center is committed to integrity in dealing with clients, earning their trust and providing promised information and services. The pregnancy care center denounces any form of deception in its corporate advertising or individual conversations with its clients.
4. The pregnancy care center is committed to assisting women to carry 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.

5. The pregnancy care center does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.
6. The pregnancy care center does not recommend, provide, or refer for abortion or abortifacients.
7. The pregnancy care center offers assistance free of charge at all times.
8. The pregnancy care center is committed to creating an awareness within the local community of the needs of pregnancy women, and of the fact that abortion only compounds human need rather than resolving it.
9. The pregnancy care center does not recommend, provide, or refer single women for contraceptives. (Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor and physician.)
10. The pregnancy care center recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. The pregnancy care center is independent of adoption agencies, relating to them in the same manner as to other helpful referral services. Pregnancy care centers receive no payment of any kind from these agencies.

Standards For Pregnancy Centers With Adoption Services

A pregnancy center with an adoption agency as part of its organization is eligible for Care Net affiliation if it meets the following standards:

1. The center's adoption agency is properly licensed and is in full compliance with all applicable laws.
2. The pregnancy center segregates the functional operations and finances of the adoption agency from the functional operations and finances associated with its general pregnancy counseling ministry.
3. Pregnancy center personnel are trained to present all positive pregnancy options in an unbiased manner.
4. The center's adoption services are only offered and made available to a pregnancy client if and when specifically requested by that client. The center also offers the client referrals for at least three other adoption agencies.
5. Each pregnancy client pursuing adoption services from the center continues to be served by one or more pregnancy counselors whose sole responsibility is to protect and advance the clients interests.
6. The center's adoption agency is operated in a manner to assure that the periodic revenues, if any, derived in connection with providing adoption services do not exceed the costs of providing such services.
7. The center maintains and enforces strict policies to prevent the adoption of any pregnancy client's baby by a staff member, volunteer, or any other person with whom there would be a conflict of interest or appearance of impropriety.
8. The center meets all other Care Net affiliation standards.

Volunteer Signature: _____ Date: _____

Statement on Direct Action and Political Activity

Care Net's employees and volunteers are expected to project an image and attitude of compassion and empathy toward clients. Care Net believes that the ability to do this may be jeopardized if its employees or volunteers are observed by clients or others participating in protest activities at or near abortion clinics. Therefore, all pregnancy center employees and volunteers are expected to refrain from engaging in any such abortion clinic activism whether during work hours or during off-hours. This includes picketing, sidewalk counseling, and acts of civil disobedience. No Care Net employee or volunteer will work with such protest groups to refer clients to Care Net through the distribution of Care Net literature. Lawful picketing and marching in general, such as at the State capitol on Sanctity of Human Life Sunday or participating in a March for Life, are acceptable.

Volunteer signature: _____ Date: _____

Care Net Adoption Policy

Care Net's ministry is to serve the needs and interests of clients. Care Net avoids situations in which the interests of employees, volunteers, or others from whom they act conflict with the interests of clients. Therefore, Care Net strictly prohibits employees and volunteers from taking any steps on their own behalf or on the behalf of others to pursue the adoption of any client's child. This prohibition also applies to any steps that may be taken to pursue adoptions from clients of other Care Net-affiliated pregnancy centers. Any such conduct will constitute grounds for immediate termination.

Volunteer signature: _____ Date: _____

Care Net Abstinence/Sexual Purity Policy

In regard to sexual activity and relationships, the philosophy of Care Net is that sexual abstinence until and within marriage is the only 100% effective means of preventing unwanted sexually related outcomes. Therefore, this philosophy is implemented on all levels of pregnancy center operations including client counsel, school presentations, and the expected lifestyle of all volunteers and staff.

Volunteer signature: _____ Date: _____