



Volunteer Application

Name: _____ I prefer to be called (if different): _____ Date: _____

Single Cohabiting Married - Spouse's name: _____ Anniversary date: _____

Address: _____ City: _____ State: _____ Zip: _____

Cellphone: _____ Home Phone: _____ Email: _____

Preferred method(s) of contact: Email Cellphone Home phone Texting (only emergencies)

Place of employment: _____ Work phone: _____

Names and ages of children: _____

Emergency contact name: _____ Emergency contact phone: _____

GENERAL QUESTIONS

Are you currently a client in any programs of Alpha Grand Rapids? Yes No

If so, what program(s) do you attend? _____

Have you ever received services from Alpha Grand Rapids? If so, what services and when?

How did you hear about Alpha Grand Rapids?

Why would you like to be a volunteer at Alpha Grand Rapids?

What strengths would you bring to Alpha Grand Rapids?

List your previous experiences with Christian work, volunteer experience, or other information relevant to a volunteer position:

PERSONAL INFORMATION

Are you currently struggling with any medical or psychological issues that would prohibit you from performing duties at Alpha Grand Rapids? Yes No If yes, please explain:

Have you ever been a victim of abuse (emotional, physical, sexual, or spiritual)? Yes No If yes, please explain:

If yes, have you or how have you resolved these issues?

Do you have any professional or volunteer experience working with people who are experiencing an unplanned pregnancy, single parents, or people who are considering or have chosen adoption or abortion?

Have you been personally affected by any of the above?

What are your views on abortion?

It is the belief of Alpha Grand Rapids that abortion is never an option. Are you in compliance with this belief and value? Yes No

Alpha Grand Rapids does not provide birth control or birth control education to single women or men; instead, we refer to medical professionals for this need. Will you comply with this practice? Yes No

If you have been personally affected by abortion, please be prepared to share your experience with an Alpha Grand Rapids staff member during your interview. Your story will be treated with the utmost respect and care.

SPIRITUAL INFORMATION

Alpha Grand Rapids is a religious organization and faith is at the center of everything we do. The following questions will explore your personal beliefs and experiences. We recognize that it can be difficult to answer these kinds of questions on paper and look forward to discussing them with you further during your interview.

Do you consider yourself to be a Christian? Yes No Undecided

What does being a Christ-follower mean to you?

Please briefly describe your faith journey:

Have you ever led anyone to Christ? Briefly explain:

Do you attend a local church? Yes No Name of Church: _____

Address: _____ City: _____ State: _____ Zip: _____

Church phone: _____ Pastor: _____

Do you have a pastor or spiritual leader that AGR could contact? Yes No

Contact Information: _____

Please describe your past/current involvement in your local church/para-church organization:

VOLUNTEER INFORMATION

When are you available to volunteer? Please list times.

Monday	Tuesday	Wednesday	Thursday	Friday

Are you willing to volunteer on a weekly basis for at least one year? Yes No

In what area(s) of the ministry are you currently interested?

- Mentor/Coach Single Moms Support Group Leader GED Tutor ESL Tutor Childcare Crafts
- Meal Preparation Parenting Class Facilitator Church Host/Hostess Jail Ministry Chaplain
- Inventory Building & Maintenance Security Administrative Support Prayer Ministry
- Church Ambassador Event Support

If you have a preference, what area are you most interested in? _____

REFERENCES

Please give the provided reference forms to two references. Please ask that the forms be mailed, emailed, or faxed to Alpha Grand Rapids as soon as possible.

Mail	Email	Fax
ATTN: References Alpha Grand Rapids 1725 Division Ave S Grand Rapids, MI 49507	communications@alphagrandrapids.org Subject line: Attention: References	616-742-0207 – Attention: References

Please note that none of your answers to the questions on this application will immediately disqualify you from volunteering at Alpha Grand Rapids.

Signature of Agreement: _____ Date: _____

By marking this box, I certify that my typed name serves as my signature.



Mission Statement and Statement of Faith

Mission Statement

Motivated by the love of Christ, we promote abundant life by providing holistic services to women and men affected by unplanned pregnancy.

Statement of Faith

WE BELIEVE in the authority and sufficiency of the Holy Bible, consisting of the sixty-six books of the Old and New Testaments, as originally written, inspired, infallible, and inerrant.

WE BELIEVE there is one and only one true and living God, with equality and deity revealed in three persons, Father, Son, and Holy Spirit.

WE BELIEVE in the reality and personality of Satan, the Devil.

WE BELIEVE that the salvation of sinners is wholly of grace through Jesus Christ, the Son of God. Christ the Lord bore our sins in His own body on the cross, rose from the dead and He is now enthroned in Heaven.

WE BELIEVE in the imminent return of Christ, and that at that moment, the dead in Christ shall be raised in glorified bodies, and the living in Christ shall be given glorified bodies without tasting death.

WE BELIEVE that faith in the Lord Jesus Christ is the only condition of Salvation. Repentance is a change of mind and purpose toward God prompted by the Holy Spirit and is an integral part of saving faith.

WE BELIEVE that all who are truly born again are kept by God the Father for Jesus Christ.

Printed Name: _____ Date: _____

Signature: _____

By marking this box, I certify that my typed name serves as my signature.



Statement of Lifestyle

Alpha Grand Rapids (AGR) is a Christian ministry whose mission is to promote the sanctity of human life, the family, and Biblical sexuality. As an organization representing the Lord Jesus Christ, all Board Directors, staff, and volunteers are expected to live their personal and professional lives in a manner that brings honor to God by adhering to Biblical standards of holiness and godliness. In light of this high calling, the AGR Board of Directors, staff, and volunteers are committed to the following principles:

- Adherence, without mental reservation, to the AGR Statement of Faith
- Agreement that Biblical marriage is defined as a monogamous union between one man and one woman
- Commitment to sexual abstinence outside of marriage
- Regular, faithful involvement in a theologically sound, Bible-based church
- Avoidance of behaviors, lifestyles, and/or activities which are clearly prohibited by Scripture
- Exercise careful and prayerful Christian liberty in the use of potentially addictive substances, activities, or relationships
- Never counsel for nor refer anyone for an abortion
- Avoid all forms of gossip, slander, and evil speaking to or about others
- Faithfully pray for AGR – Board Directors, staff, volunteers, clients, and supporters
- Speak the truth in love when confronting wrongdoing

AGREED:

Board Director, Staff, or Volunteer

Date

By marking this box, I certify that my typed name serves as my signature.



Background Check Consent Form

Please read and complete the following sections carefully and sign below.

First, middle, and last name (*Please print legibly*): _____

List maiden name or any other name you have been known by:

Are you currently in litigation or have you ever been convicted of a misdemeanor and/or crime?

Yes No If yes, please explain:

Race (required by the state of Michigan) *Please check one*: Black White Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native Unknown/Other

Birth Date (m/d/year): ___ / ___ / ___ Female Male

Applicant's Statement

The information contained in this consent form is correct to the best of my knowledge. I waive any right I may have to inspect any information provided about me by those identified on this form.

I authorize that a Criminal Records Check be conducted on me, including any information which pertains to any record of convictions or charges contained in police files or any criminal file maintained on me. In so authorizing, I release any law enforcement or government agency, Alpha Grand Rapids, or those individuals receiving the result of the check from any and all liability resulting from such disclosure.

Signature of Agreement: _____ **Date:** _____

By marking this box, I certify that my typed name serves as my signature.

Confidentiality Agreement

I, the undersigned, serving at Alpha Grand Rapids, pledge myself to hold all information of all individuals and families having contact with Alpha Grand Rapids in strictest confidence.

I also pledge myself to continue to observe this confidentiality after I leave my capacity at Alpha Grand Rapids for any reason whatsoever.

Signature: _____ Date: _____

By marking this box, I certify that my typed name serves as my signature.

Note: *All information you furnish us in reference to your application will be held in the strictest confidence, unless otherwise required by law.*