



VOLUNTEER APPLICATION-LONG

"Whatever you do, work at it with all your heart...since you know that you will receive an inheritance from the Lord as a reward." Colossians 3:23-24

Name: _____ Phone (C) _____
 Email: _____ Phone (H) _____
 Address: _____ City: _____ Zip: _____
 Are you over the age of 18? Yes No Marital Status: _____ Spouse Name: _____

Are you willing to receive text messages from Moore Options? Yes No

EDUCATION Highest level of schooling completed: High School College (# of years: _____)

Degree/School Name/Location: _____

List any special training or professional skills: _____

How did you first hear about us? Church Billboard Radio Friend Other: _____

What church do you attend? _____

Under what circumstance would you view abortion as an alternative?

Never Life of the Mother Fetal Deformity Rape/Incest Other _____ Always

EMPLOYMENT

Do you work: No part time full time outside the home? Company Name: _____

Position/Duties: _____

City & Phone: _____ Length of Employment: _____

EMERGENCY CONTACT

Name: _____ Relation: _____ Phone: _____

AREAS OF INTEREST: Check all that apply

OFFICE/ADMINISTRATIVE	CLIENT SERVICES	OTHER
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Abstinence Education	<input type="checkbox"/> Church Liaison
<input type="checkbox"/> Mailings	<input type="checkbox"/> Medical/Nurse (licensed in Michigan)	<input type="checkbox"/> IT Support
<input type="checkbox"/> Computer/Data Entry	<input type="checkbox"/> After-Abortion Healing Group	<input type="checkbox"/> Fundraising Event Support
<input type="checkbox"/> Graphic Design/Marketing	<input type="checkbox"/> Class Instructor	<input type="checkbox"/> Cleaning, Maintenance, Housekeeping
<input type="checkbox"/> Social Media (Facebook, Twitter, Etc.)	<input type="checkbox"/> Boutique Personal Shopper/Organizer	<input type="checkbox"/> Public Speaking

**STATEMENT OF CONFIDENTIALITY
 MAINTAINING CONFIDENTIALITY IN THE WORKPLACE**

In the course of your duties, you may see information which is strictly confidential. This information may include but will not be limited to client sexual and medical history (STD's, pregnancy tests etc.) or Moore Options Donor or staff information. To work at this center, you must agree to maintain the confidentiality of all information with which you will come into contact. For the protection of the clients and families that we serve, all information received by this center cannot be discussed outside the confines of the center. Please read the following guidelines and sign the statement at the bottom. Each staff person (paid employee or unpaid volunteer) is required to sign a confidentiality agreement.

GUIDELINES FOR CONFIDENTIALITY

1. Discussion about clients should only be as necessary for care and client first names should only be used.
2. Access to client charts should be only as needed to care for clients and only by approved staff.
3. Clients should NOT be discussed in the hallway or other area where the conversation could be overheard by another client, visitor or other unauthorized person. If it is necessary to discuss confidential information, this shall ONLY be shared with Executive Director or Center Director.
4. Identifying information about clients should not be discussed with other clients, your family, friends, or former staff in a public or even in the privacy of a secluded area.
5. Client charts should not be left where they can be seen by unauthorized people, nor should they leave the office for any reason. Computer screens and appointment books must be shielded from view.
6. No identifying information is to be released to anyone over the telephone, even the client.
7. No information is to be given out regarding client appointment times/dates, names, etc. over the telephone.
8. When a client is a neighbor or friend, be very careful not to reveal information to mutual friends.
9. Relating client information discussed in staff meetings to client or client’s family members or another person not needing the information is prohibited.
10. Donor information such as gift amounts or history, credit card information, etc. must not leave the premises.
11. Talking with a coworker, client, or others about another staff person in a critical way or revealing information about one’s performance to others damages the ministry and is prohibited.
12. No information about any client, staff or donor should be revealed to reporters, press, or news media.
13. Client and staff phone numbers are never to be given out except to other staff members as needed.
14. Releases of Information should be completed only by the Nurse, or Executive Director.

By signing this Statement of Confidentiality, the staff/volunteer agrees to: **(i)** hold any and all client or Moore Options related information in strict confidence, **(ii)** not disclose client or Moore Options related information to any third parties except as authorized according to State and Federal law, and **(iii)** not use any client or Moore Options related information in a manner other than as required in connection to participation with Moore Options. I am aware of my ethical and legal obligation to act in accordance with all Federal and State laws regarding confidentiality. Moore Options has explained these to me, I have had a chance to ask questions, and I am aware that I may be held personally liable for any violation of these.

Volunteer Signature: _____ Date: _____

Moore Options Witness : _____

I give Moore Options permission to obtain a limited background check.

Driver’s License number _____ State _____

Legal Name _____

Please list 3 character references: preferably 1 Pastor, 1 Professional, 1 Personal

1. Name: _____ Relation _____ Phone _____

2. Name: _____ Relation _____ Phone _____

3. Name: _____ Relation _____ Phone _____

MOORE OPTIONS USE ONLY

DOCUMENTS RECEIVED:

<input type="checkbox"/> Resume	<input type="checkbox"/> All Reference Checks	<input type="checkbox"/> Interview
<input type="checkbox"/> Background Check Cleared	<input type="checkbox"/> Background Check NOT Cleared	