



**EASTERN PREGNANCY INFORMATION CLINIC**  
1505 S Glenburnie Rd Unit O / New Bern / 304 N Queen St/ Kinston  
**(252) 638-4673 / (252) 638-1370 (Fax) / (252) 523-9516 / (252) 523-9532 (Fax)**  
***Offering non-judgmental compassionate care to women and their families.***

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**VOLUNTEER APPLICATION**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. How did you first become aware of *Eastern Pregnancy Information Clinic (EPIC)*?

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

2. What gifts, talents, experiences, or personality traits would you bring to this ministry?

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

3. What is your educational background (list any special training, Biblical studies, etc.)?

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

4. What are your greatest strengths? \_\_\_\_\_

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

5. What are your greatest weaknesses? \_\_\_\_\_

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

6. Describe a specific situation where you were in conflict with a peer and the steps that were taken to resolve this issue (please use the back if necessary).

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

7. Describe a specific situation where you were in conflict with an authority figure and the steps that were taken to resolve the issue (please use the back if necessary). \_\_\_\_\_

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

8. Briefly state why you are interested in volunteering at the *EPIC*. \_\_\_\_\_  
\_\_\_\_\_

9. How does your spouse/family feel about your involvement with the *EPIC*? \_\_\_\_\_  
\_\_\_\_\_

10. What other ministries or organizations have you peer counseled for (if any)? \_\_\_\_\_  
\_\_\_\_\_

11. Do you consider yourself a Christian? \_\_\_\_ Yes \_\_\_\_ No How long? \_\_\_\_\_  
12. What is a Christian? \_\_\_\_\_  
\_\_\_\_\_

13. How has your life changed since your personal life with Jesus Christ began? \_\_\_\_\_  
\_\_\_\_\_

14. Are you currently involved in a Bible study (circle one)? Yes No

15. If "yes", how long? \_\_\_\_\_

16. Please provide the following information about your church.

Church name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Senior Pastor's Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

17. How long have you been involved in your present church? \_\_\_\_\_

18. Name and describe positions you have held or services performed with the church.

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. List the names, addresses, and phone numbers of three people, including your Pastor, whom we can contact as references for you to become a Volunteer staff member.

a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

20. Have you ever been convicted of child abuse or any crime involving sexual molestation of a minor?  
Yes \_\_\_ No \_\_\_ (Explanation) \_\_\_\_\_
21. Were you ever a victim of abuse or molestation as a child? Yes \_\_\_ No \_\_\_  
*(If you prefer, you can choose not to answer this question here and instead discuss your response confidentially with the director.)*
22. Have you ever counseled a woman who was considering an abortion? Yes \_\_\_ No \_\_\_  
(Explanation) \_\_\_\_\_
23. Have you had any traumatic experiences related to abortion? Yes \_\_\_ No \_\_\_  
(Explanation) \_\_\_\_\_  
*(If you prefer, you can choose not to answer this question here and instead discuss your response confidentially with the director.)*
24. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?  
Never an option \_\_\_ In cases of rape/incest \_\_\_ In cases of extreme severe psychological stress \_\_\_ Other (list)  
\_\_\_\_\_
25. How would you rate your knowledge in the following areas?
- a) Knowledge of how abortions are performed/methods used to perform abortions.  
Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_
- b) Knowledge of the existing laws regulating abortion.  
Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_
- c) Knowledge of what the Bible teaches (directly or indirectly) about the sanctity of human life.  
Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_
26. Are you currently seeking to adopt a child (circle one)? Yes No

***Thank you for completing this application and for your interest in volunteering with  
The EPIC Center!***

## **Statement of Confidentiality**

It is the policy of the center to keep confidential ALL information regarding all clients of The EPIC Center. This includes sharing whether an individual is in fact a client of the center.

Access to client files is restricted to counselors who are directly involved with the client.

File information may be released to persons other than the client only with written permission of the client. This permission must specify to whom the information is released. Information obtained after written permission may not be released without a second written release.

Information about a client, including the fact that the individual visited the center, may not be discussed outside the center or within the center if it does not directly involve counseling the client or addressing specific needs of the client.

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

**Please read the following Statement of Faith, Statement of Principle, and Mission.**

### **STATEMENT OF PRINCIPLE**

1. The EPIC Center is an outreach ministry of Jesus Christ through His church. Therefore, The EPIC 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 EPIC board members, staff, and volunteers are expected to know Christ as their Savior and Lord.
2. The EPIC Center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The EPIC Center is committed to integrity in dealing with clients, earning their trust and providing promised information and services. The EPIC Center denounces any form of deception in its corporate advertising or individual conversations with its client.

4. The EPIC 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 EPIC Center does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.
6. The EPIC Center does not recommend, provide, or refer for abortion or abortifacients.
7. The EPIC Center offers assistance free of charge at all times.
8. The EPIC Center is committed to creating awareness within the local community of the needs of pregnant women, and of the fact that abortion only compounds human need rather than resolving it.
9. The EPIC 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 EPIC 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. Centers are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. The EPIC Center receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of centers. The EPIC Center neither initiates nor facilitates independent adoptions though they may refer for independent adoptions in states where it is legal.

### **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 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.
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.

## MISSION STATEMENT

The EPIC Center is a Christian ministry dedicated to promoting a healthy life-affirming response to unexpected pregnancies, sexual integrity decisions, and past abortion experiences.

1. Do you agree with these three statements? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have any questions about these three statements? \_\_\_\_\_

Please sign signifying that you have read and agree to uphold the standards of The EPIC Center.

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

## VOLUNTEER PLEDGE

Recognizing that The EPIC Center (Eastern Pregnancy Information Clinic) is a Christian ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read the Statement of Faith and Statement of Principle and am in complete agreement with all the statements therein.

I believe in the sanctity of human life as taught in the Bible and therefore, reject abortion as an acceptable option for any woman facing a crisis pregnancy.

I believe in chastity outside of marriage and in the sanctity of marriage. Therefore, I commit myself to a lifestyle of sexual purity in accordance with the Holy Bible. I further believe abstinence is the only "safe sex".

I accept the responsibility to act as an advocate on behalf of the women under my care, to give accurate information, emotional support, and spiritual guidance. I will keep all information on center clients in the strictest confidence, in accordance with center policies. *I will consistently uphold the center policies relating to confidentiality, even after I am no longer a volunteer.*

Understanding the vital role that volunteers play in the work of the center **I commit myself to faithfully serve a minimum of four hours a week.** If I am unable to attend my appointed time or **any scheduled staff meeting and/or quarterly in-service training** I will make proper notification and I will make arrangements to view the covered materials.

**Any created materials, forms, or programs generated in the course of service with The EPIC Center shall be deemed the property of The EPIC Center.**

I agree to Christian mediation and arbitration according to Matt. 18: 15-17 "Moreover if your brother sins against you, go and tell him his fault between you and him alone. If he hears you, you have gained your brother. But if he will not hear, take with you one or two more, that *'by the mouth of two or three witnesses every word may be established.'* And if he refuses them, tell it to the church. But if he refuses even to hear the church, let him be to you like a heathen and a tax collector." (New King James Version)

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_



NAME (First, Middle, Last) \_\_\_\_\_ Gender Male / Female

MAIDEN NAME (If applicable) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

1<sup>ST</sup> PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVER'S LICENSE # AND STATE ISSUED: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

**CONSUMER DISCLOSURE**

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**APPLICANT'S SIGNATURE**

**DATE**

*California, Minnesota & Oklahoma residents only:*

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  Yes  No

For GA Criminal Searches Only (Must Check One):  Employment w/ Mentally Disabled (Purpose Code M)

Employment w/ Elder Care (Purpose Code N)  Employment w/ Children (Purpose Code W)  None

Apply

Eastern Pregnancy Clinic

Requester \_\_\_\_\_

Criminal Records  Credit Report (Persona)  Motor Vehicle Record  FACIS (Healthcare Only)

SS number & Name Verification /Address search

Criminal Records  (Where?)(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Employment (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Professional License verification \_\_\_\_\_ Education verification \_\_\_\_\_



## Confidential Volunteer Reference

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (Person completing reference)

The individual above has applied to become a volunteer at The EPIC Center. The applicant has authorized us to perform a reference check.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord.
2. Steadfastness, faithfulness, and an unshakable confidence in the Word of God.
3. A firm belief in the sanctity of human life based on the Word of God.
4. A vision for the ministry of EPIC.
5. Leadership, dependability, responsibility, and a willingness to give of oneself.

We have asked each applicant to supply us with three references—one from their pastor and two from people who know them well. Please answer the questions below. Mail the completed form to the EPIC Center marked Confidential/Client Services Advocate. Should you have any questions or need clarification, please contact: Client Services Advocate at 252- 523-9516.

How long have you known the applicant? \_\_\_\_\_

What is your relationship with him/her (pastor, relative, friend, etc.)? \_\_\_\_\_

Please rate the applicant on the following:

	Below Average	Average	Above Average	Excellent
Leadership				
Dependability				
Spiritual maturity				
Communication skills				
Cooperation				
Initiative				



1. Is the candidate well liked, cooperative, and open to others' ideas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How does the applicant respond to those in authority and to those whom they lead?  
\_\_\_\_\_  
\_\_\_\_\_
3. What are the applicant's primary strengths? \_\_\_\_\_  
\_\_\_\_\_
4. What are the applicant's primary weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How does the applicant deal with conflict? \_\_\_\_\_  
\_\_\_\_\_
6. Is there anything else you would like to tell me about this applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your help.

Revised 7/2/19



## Confidential Volunteer Reference

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Person completing reference)

The individual above has applied to become a volunteer at The EPIC Center. The applicant has authorized us to perform a reference check.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord.
2. Steadfastness, faithfulness, and an unshakable confidence in the Word of God.
3. A firm belief in the sanctity of human life based on the Word of God.
4. A vision for the ministry of EPIC.
5. Leadership, dependability, responsibility, and a willingness to give of oneself.

We have asked each applicant to supply us with three references—one from their pastor and two from people who know them well. Please answer the questions below. Mail the completed form to the EPIC Center marked Confidential/Client Services Advocate. Should you have any questions or need clarification, please contact: Client Services Advocate at 252- 523-9516.

How long have you known the applicant? \_\_\_\_\_

What is your relationship with him/her (pastor, relative, friend, etc.)? \_\_\_\_\_

Please rate the applicant on the following:

	Below Average	Average	Above Average	Excellent
Leadership				
Dependability				
Spiritual maturity				
Communication skills				
Cooperation				
Initiative				

1. Is the candidate well liked, cooperative, and open to others' ideas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How does the applicant respond to those in authority and to those whom they lead?  
\_\_\_\_\_  
\_\_\_\_\_

3. What are the applicant's primary strengths? \_\_\_\_\_  
\_\_\_\_\_

4. What are the applicant's primary weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How does the applicant deal with conflict? \_\_\_\_\_  
\_\_\_\_\_

6. Is there anything else you would like to tell me about this applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your help.

Revised 7/2/19



## Pastoral Reference for Eastern Pregnancy Information Clinic Volunteer

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Volunteer's name \_\_\_\_\_ Date \_\_\_\_\_

The person above has applied to become a volunteer at the Eastern Pregnancy Information Clinic (EPIC). The applicant has authorized us to perform a reference check.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord.
2. Steadfastness, faithfulness, and an unshakable confidence in the Word of God.
3. A firm belief in the sanctity of human life based on the Word of God.
4. A vision for the ministry of EPIC.
5. Leadership, dependability, responsibility, and a willingness to give of oneself.

We have asked each applicant to supply us with three references—one from his/her pastor and two from people who know him/her well. Please answer the questions below. Mail the completed form and mark Confidential/Client Services Advocate to the pregnancy center. Should you have any questions or need clarification, please contact: Client Services Advocate at 252-523-9516.

How long have you known the applicant? \_\_\_\_\_

What is your relationship with him/her (pastor, relative, friend, etc.)? \_\_\_\_\_

How would you rate the applicant regarding?

	Below Average	Average	Above Average	Excellent
Leadership				
Dependability				
Spiritual maturity				
Communication skills				
Cooperation				
Initiative				

1. Please comment on the applicant's commitment to Christ and on his/her lifestyle.

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2. What is his/her involvement in church? \_\_\_\_\_

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3. What is his/her understanding of Scripture and of the relationship between biblical truth and the abortion issue? \_\_\_\_\_

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4. Please comment on the applicant's gifts and desire to minister: \_\_\_\_\_

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5. Please comment on the applicant's ability to inspire others to action: \_\_\_\_\_

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6. Is the candidate well liked, cooperative, and open to others' ideas? \_\_\_\_\_

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7. How does the applicant respond to those in authority and to those whom they lead?

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8. What, in your opinion, does the applicant do best? \_\_\_\_\_

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9. What are the applicant's primary strengths? \_\_\_\_\_

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10. What are the applicant's primary weaknesses? \_\_\_\_\_

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11. How does the applicant deal with conflict? \_\_\_\_\_

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Thank you for your help.