



280 Ponahawai Street, Suite 203, Hilo HI 96720

(888) 210 2441

ohanapregnancycenter@gmail.com

Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Zip Code: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Marital Status: _____

Children: _____

How does your spouse/family feel about your involvement with Ohana Pregnancy Center?

Place of Employment: _____

Previous Occupation (if applicable):

Highest level of education? _____

Area of concentration: _____

List any special skills or training: _____

Do you consider yourself a Christian? _____

What is your definition of Christianity?

How many months or years have you been a Christian? _____

What does “Jesus is Lord” mean to you personally? _____

How do you feel about abortion as a solution to an unplanned pregnancy? _____

Have you ever counseled a woman who was considering an abortion? _____

If so, please describe the message you wanted to give her and what did you offer her to help her through her situation?

Describe circumstances under which you would consider counseling a woman to have an abortion, if any.

Have you had any traumatic experiences related to abortion? _____

Why are you interested in volunteering at Ohana Pregnancy Center? _____

What kind of commitment are you willing to give to Ohana Pregnancy Center? _____

What do you expect to gain from your work at Ohana Pregnancy Center? _____

In which of the following are you interested in helping with?

- Receptionist (Front Desk)
- Client Advocate
- Medical Team
- Church Liaison
- Events
- Hospitality
- Prayer
- Post abortion
- Birthing Class/Other Class Instructor
- Other: _____

Volunteer Commitment

Ohana Pregnancy Center desires to serve our clients with the highest standard of care. To accomplish this goal, we ask our volunteers to commit to the following:

- To serving women and men in unplanned pregnancies and post abortion support with care and compassion, speaking the truth in love through ministry and not manipulation.
- To keeping our client's lives and situations confidential.
- To praying for our clients.
- To volunteering for a one year period following training, for internships this can vary.
- To not recommending or referring for abortion, according to Ohana Pregnancy Center's policies and biblical truth.
- To encouraging and believing in our clients enough to talk to them about their sexuality.
- To Ohana Pregnancy Center's policy in birth control which is, abstinence only for unmarried clients.
- To remaining sexually abstinent during your time as a center volunteer, if you are unmarried.
- To committing to a monogamous marriage relationship during your time as a center volunteer if you are married.
- To keep required staff meeting commitments, which are sporadic and very important when held.
- To keep your scheduled times a priority, making sure that you make contact with another volunteer to fill in your time slot if you can not fill the commitment.
- Alert director to vacation and travel times in advance.

By signing this commitment I, _____ agree with and will uphold this covenant during my time as a Ohana Pregnancy Center Volunteer. I also commit to upholding Ohana Pregnancy Center's integrity and desire for a high standard of care for our clients.

Volunteer Signature

Date

The Pregnancy Center Confidentiality Statement

Patient confidentiality is the preservation, in confidence, of all information concerning a client, which may be disclosed in a treatment relationship between the client, and the volunteer consultant, sonographer or general Ohana Pregnancy Center volunteer or staff.

All treatment records concerning individual clients are confidential.

Under law, Ohana Pregnancy Center, may be legally liable for your actions that are within the course and scope of your duties as a health care professional, or volunteer consultant. Improper disclosure of confidential information could be considered not to be within the course and scope of your duties. As a result, Ohana Pregnancy Center could refuse to defend you in any legal action that might be brought by a client for violating the client's confidentiality.

Under Ohana Pregnancy Center policy, breaches of confidentiality may result in immediate dismissal.

Being informed of preceding, employee/volunteer agrees that she/he will at all times keep confidential and will not disclose or furnish to anyone, other than to other employees, volunteers or agents of Ohana Pregnancy Center (but only as appropriate and necessary:) 1) the names or addresses of any Pregnancy Center clients; 2) the diagnosis and results of any pregnancy test or ultrasound exam, the outcome of any consultation furnished to, or information received from, any Ohana Pregnancy Center client, except as authorized in writing by the client or as may otherwise be prescribed by law.

In addition, employee / volunteer agrees that she/he will at all times keep confidential and will not disclose and information received during the course of employment/services at Ohana Pregnancy Center, with regard to the personnel, financial or other entities with a bona fide "need to know" for service delivery, government licensing authorities, or, if required by the terms of a contract or grant, to representatives of the contracting agency or grantor.

Employee / volunteer further agrees that the two preceding paragraphs shall be a continuing agreement and shall survive any termination or expiration of an employment. Volunteer

relationship.

My signature below certifies that I have read and fully understand the information above. I further understand and agree that, as an employee / volunteer of Ohana Pregnancy Center, I have a duty to abide by the laws and policies governing the preservation of confidential information and that I will abide by those laws and policies.

Volunteer Signature

Date

Printed Name