

Name:

rune.					
Address:					
City/State/Zip:					
E-Mail:					
Phone [home]:					
Phone [cell]:		Birthdate:			
V 0 L U What volunteer role(s) at the Center are of interest to you?		INTERE			
,] Weekly	☐ Monthly	☐ As Needed	☐ One Time or (Occasionally
What days/hours are you typically available?					
Why are you interested in volunteering for us?					
E M P L O Y		& EDUC			
Occupation:				☐ Part-Time	☐ Retired
Previous Work:					
Level of Education:					
Field(s) of Study:					
Current Licenses:					
BELIEF	S & C	0 M M I T M	ENTS		
Do you agree to uphold our Commitment of Care and Com	netence? (rea	uired)		□ Yes	□No
Do you agree with our Statement of Faith? (required)	peterree. (req	uncu		□ Yes	□ No
Your Church:					
Pastor's Name:		May we call you	ur pastor for a reference?	☐ Yes	□ No
Under what circumstances would you consider abortion as ☐ Never an option ☐ Only when the mother's life is endangered ☐ In cases of rape or incest	an alternativ	☐ In cases of ex☐ If a woman f	h an unplanned pregnan ktreme psychological stre eels that it's the right cho	ess or health prob ice for her	

OUR COMMITMENT OF CARE AND COMPETENCE

- Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- Clients are treated with kindness, compassion and in a caring manner.
- Clients always receive honest and open answers.
- Client pregnancy tests are distributed and administered in accordance with all applicable laws.
- Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
- All of our advertising and communication are truthful and honest and accurately describe the services we offer.
- We provide a safe environment by screening all volunteers and staff interacting with clients.
- We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
- We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
- Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
- All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

OUR STATEMENT OF FAITH

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- 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.
- 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.
- 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.
- 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.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

from the Statement of Faith of the National Association of Evangelicals



Applicant's Name:					
Prospective Volunteer Role(s):					
Reference's Name:					
How long have you know the ap	oplicant?				
In what capacity?					
How well do you know the appl	icant?	☐ Very well	□ Well	☐ Fairly well	☐ Slightly
What would you consider to be	the three greatest	assets the applicant woul	d bring to Blue Rido	ge Women's Center?	
How would you describe the wa	y the applicant ha	ndles responsibilities?			
Please check the statement that	best expresses yo	ur thoughts about the ap	plicant's suitability t	to volunteer for Blue Ridg	ge Women's Center:
	☐ This appl	icant receives my highest	recommendation.		
	□Irecomm	nend this applicant with c	onfidence.		
	□Irecomm	nend this applicant with s	ome reservation.		
	☐ I would n	not recommend this appli	cant to volunteer in	this capacity.	
Do you have any comments or c	concerns about this	s applicant that you would	d prefer to discuss in	n person?	
•		se call me at			
	☐ No furthe	er comments or concerns.			

THANK YOU!

Please return completed reference form to:

Blue Ridge Women's Center • 5034 Williamson Road NW • Roanoke, Virginia 24012

Questions? Give us a call at 540 362 3007.



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