



## **PCCOB Volunteer Application and Information Packet**

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Hello friend!

Thank you for taking the first step in serving at the Pregnancy Care Center! I am encouraged by your willingness to share the love of Jesus with our community.

Please read your Volunteer Information Packet carefully as within it, you will find pertinent information about the center's beliefs, operations and goals. If you have not yet been to our center, please give us a call so we can set up a meeting. We would love to get to know you and show you around our office!

You can call our office at 828.437.4357 OR email our Client Service Manager, Margaret at [margaret@pccob.com](mailto:margaret@pccob.com).

My prayer for you, as you consider this volunteer position, is that you find a blessing in what God is doing through the PCCOB ministry. Your involvement will only increase that blessing. May you be encouraged through the process.

Should you need ANYTHING please let us know . . . Our mission is to serve you as you prepare to serve others!

Blessings,

*Miranda Boughman*  
Executive Director



## Volunteer Application and Training Process

Applications are available at the Center or can be downloaded from <https://www.pccobpartners.com/volunteer>.

1. Complete the application. (Be certain you align with the Center's Mission Statement, Statement of Care, Confidentiality Policies, Statement on Marriage, Gender and Sexuality, and Statement of Faith.)

*(We unapologetically profess our Christianity and hold strong convictions; however, please know we serve and love all people that seek our help regardless if they align with our beliefs or not.)*

2. Informal Interview/Tour
3. Register for training (offered twice yearly)
4. Observation/Shadowing Training

Operations Manager-2 hours

Client Service Manager- 2 hours

Nurse Manager-2 hours

\*Depending on the capacity in which you will serve, more training may be required. This will be determined by the Client Service Manager and/or Nurse Manager and your level of comfort.

5. Set up a regular schedule according to the Center's needs and your availability. Begin with 2-hour shifts with the possibility of increasing to 4 hours.

(Exceptions: special events and projects, volunteer groups)

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## PCCOB Volunteer Opportunities:

Administrative-answer phone calls or texts, greet visitors and clients, scheduling, client check-in, office operations, copies, mailings, client files, correspondence, office appearance and organization, sending lessons, client follow ups, Boutique assistance—stocking, sorting, cleaning, etc. and other tasks as needed

Client Advocate (Non-medical)-office intakes, SOAR Academy enrollments, Boutique Assistance—stocking sorting, cleaning, etc., lesson reviews, providing client support regarding current life decisions and events, offering Center and community resources, prayer (if requested), bible studies, special groups, mentoring on a special subject matter and other tasks as needed.

Medical Administrative-patient files, patient follow ups, sending lessons, material resources, data entry, medical supplies organization, and other tasks as needed

Medical Advocate (as determined by Nurse Manager)-patient assessment and intake, pregnancy tests, discharge paperwork, ultrasound advocate, Medical Mobile Unit volunteer

Special Events/Projects-Center aesthetics, repairs and maintenance; community awareness events, fundraising events, Free Boutique, other projects as needed

Church Liaisons-primary link between your church and the PCCOB to make sure all Center needs and/or events are shared and promoted within the church or small groups

Prayer Support-simply pray for our Center, our staff, our board, our volunteers, our clients and patients



**PREGNANCY CARE CENTER OF BURKE COUNTY  
APPLICATION FOR VOLUNTEER SERVICES**

Name: \_\_\_\_\_ Phone (Day) \_\_\_\_\_

Address: \_\_\_\_\_ (Evening) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**GENERAL INFORMATION:**

1. Are you employed? \_\_\_\_\_

2. If yes, where? \_\_\_\_\_

3. What is your job title? \_\_\_\_\_

4. Spouse's Name: \_\_\_\_\_

5. How long have you been married? \_\_\_\_\_

6. Is your spouse supportive of your involvement with the PCC? \_\_\_ Yes \_\_\_ No

7. How did you first become aware of the Pregnancy Care Center?

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

8. Briefly state what makes you interested in working with the Pregnancy Care Center as a volunteer?

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

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

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

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10. How do you handle conflict with others?

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11. How many hours per week/month are you willing and able to devote to the Pregnancy Care Center? \_\_\_\_\_

12. In what capacity would you be interested in serving?

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13. Do you feel abortion is ever an option? If so explain:

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14. What questions do you have concerning abortion and/or the sanctity of human life?

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15. When do you feel sexual intercourse is morally permissible?

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16. Are you currently seeking to adopt a child? \_\_\_ Yes \_\_\_ No

17. Are you in agreement with all aspects of the Center's Statement of Faith and Vision Statement? \_\_\_ Yes \_\_\_ No (if no explain)

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18. To the extent of your current knowledge of the Pregnancy Care Center, what is your vision for this ministry?

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19. How do you feel the Pregnancy Care Center could create more awareness including funds to support the ministry?

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**BACKGROUND INFORMATION**

Do you consider yourself to be a Christian? \_\_\_ Yes \_\_\_ No

What is a Christian?

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How long have you been a Christian?

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Give a brief statement about how you came to know Christ as your personal Savior.

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How has your life changed since your personal relationship with Jesus Christ began?

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Are you comfortable in sharing your faith including God's plan of salvation as the Lord leads?

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Are you a member of a church? \_\_\_ Yes \_\_\_ No

If yes, please provide information about your church:

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Denominational ties if any: \_\_\_\_\_

How long have you been attending your church?

\_\_\_\_\_

How often do you attend church?

\_\_\_\_\_

Describe positions you have held or services performed with the church or other ministries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the names, address and phone numbers of two people, other than your pastor, whom we may contact for references for becoming a Volunteer of the Pregnancy Care Center:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_



STATEMENT OF CONFIDENTIALITY

I understand that as a volunteer with the Pregnancy Care Center, Inc. of Burke County; I will have access to client information and that this information is confidential, as required by law in compliance with and in accordance within the confines of G.S. 7A Section 543 et seq and other relevant laws. This information may not be disclosed to anyone outside the Pregnancy Care Center without prior consent from the client.

I hereby agree to protect and preserve the confidential nature of all client information to which I may have access within the confines of North Carolina Law.

If it is shown that I have breached this statement of confidentiality, I am aware that I will be relieved of all responsibilities with the Pregnancy Care Center, Inc. immediately and will no longer be allowed to serve as a volunteer in any capacity.

Volunteer signature signifying full agreement:

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

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## Mission Statement

The Pregnancy Care Center is a Christ-centered ministry who encourages life affirming services designed to connect with women and men while they are making informed decisions about unexpected pregnancies.

## Statement of Care

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence. Releases are obtained appropriately.
6. Client information is only disclosed as required by law and when necessary to protect the client against imminent harm.
7. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
8. We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
9. All of our advertising and communication are truthful and honest and accurately describe the services we offer.
10. We provide a safe environment by screening all volunteers and staff interacting with clients.
11. We are governed by a board of directors and operate in accordance with our by-laws, and stated purpose and mission.
12. 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.
13. All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

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

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## Statement of Sanctity of Human Life

We believe that all human life is sacred and created by God in His image. Human life is of immeasurable worth in all its dimensions, including all pre-born babies, the aged, the physically or mentally challenged and every other stage of condition from conception through natural death. We are therefore called to defend, protect and value all human life.

## Statement of Faith

We believe in God the Father, Almighty, Maker of heaven and earth  
And in Jesus Christ, his only begotten Son, our Lord  
Who was conceived by the Holy Ghost, born of the Virgin Mary  
Suffered under Pontius Pilate; was crucified, dead and buried,  
He descended into hell  
The third day he rose again from the dead  
He ascended into heaven, and sits at the right hand of God the Father Almighty  
From then he shall come to judge the quick and the dead.  
We believe in the Holy Trinity: Father, Son, and holy spirit.  
We believe in the spiritual unity of believers in Jesus Christ.

The statement of faith does not exhaust the extent of our faith. The Bible itself is the sole and final source of all that we believe as interpreted and applied by our governing board. We believe the Bible to be the inspired, infallible Word of God and is the final authority concerning morality and conduct of mankind.

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

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## **Liability Waiver**

I, \_\_\_\_\_, hereby release and relieve Pregnancy Care Center of Burke (PCCOB) its staff, board members, sponsors, from any corporate, institutional or personal liability for any personal injury or damage to property that may result from my voluntary participation with PCCOB. I realize that I am volunteering freely and on my own accord, without expectation or payment or reimbursement of any kind, and take full responsibility for my own safety and that of anyone in my care . I also understand that as a volunteer for PCCOB, I will uphold a certain level of respect and professionalism while conducting the activities I have been assigned.

In the event of personal injury or property damage, I will take no action against PCCOB, its staff, board members, and/or sponsors, nor will any demand be made for reimbursement of expenses incurred for the treatment of personal injuries or repair of personal damages.

In addition, while participating in public events regarding the PCCOB, I understand that my presence within photographs may appear on the PCCOB's website, in the media, or in promotional materials used for the benefit of the PCCOB and its mission.

If at any time I feel uncomfortable regarding my involvement with the PCCOB, I will seek guidance from staff. I understand that I may withdraw myself from volunteer status with the PCCOB at any time.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

PCCOB Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

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STATEMENT ON MARRIAGE, GENDER AND SEXUALITY

We believe that the term “marriage” has only one meaning and that is marriage sanctioned by God which joins one man and one woman in a single, exclusive union, as defined in Scripture. We believe that God intends sexual intimacy to only occur between a man and a woman who are married to each other. We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. We believe that any form of sexual immorality, such as adultery, fornication, homosexuality, bisexual conduct, bestiality, incest, pornography or any attempt to change one’s gender, or disagreement with one’s biological gender, is sinful and offensive to God. (Gen. 1:26-27, 2:18-25; Ex. 20-14, 16, 22:18; Lev. 18:22-23, 15-16; Deut. 22:5; Matt. 15:16-20, 19:4-6, 9; Rom. 1:26-31; I Cor. 6:9-10, 15-20; Phil. 2:14-16; Heb. 13:4; I Tim. 1:8-11; Jude 7)

We believe that to preserve the function and integrity of the purposes and mission of our organization, and to provide a biblical role model to the clients we serve and members in the community, it is imperative that all persons employed by the organization in any capacity, or who serve as volunteers, should abide by and agree to this Statement of Marriage, Gender and Sexuality and conduct themselves accordingly. We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. We believe that every person must be afforded compassion, love, kindness, respect, and dignity. Hateful and harassing behavior or attitudes directed toward any individual are to be rejected and are not in accordance with scripture not the mission of this organization.

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

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



**Emergency Contacts:**

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

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

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



**All volunteers must attend a scheduled one-day training held by the staff. It is offered quarterly.**

## **Attendance and Punctuality**

The PCCOB's ability to perform the ministry depends upon the regular attendance of staff and volunteers. Each volunteer has an important role at the PCCOB, and we ask that you honor your commitment time and make us aware as much in advance as possible if you will not be able to volunteer during your day and time.

## **Confidentiality & Security**

It is forbidden for employees to discuss confidential matters related to The PCCOB, co-workers, board members, volunteers, donors or clients with anyone (including, but not limited to, friends, spouses, domestic partners, relatives, etc.) except as required in the course of the employee's work or by court order or other legal mandate. Violations of confidentiality are considered very serious and will not be tolerated.

The PCCOB recognizes the importance of employing appropriate security measures. All client and donor files will be kept in fireproof file cabinets when not in use. Such file cabinets will be kept locked or in locked offices.

All outside doors will be equipped with appropriate locks that will be secured during the hours when the center is not open. Only the Executive Director and staff will be issued keys to the centers. The Executive Director will implement, at her discretion, such other procedures and rules as may be necessary to provide adequate security for The PCCOB.

## **Dress and Appearance**

All persons who serve at The PCCOB should reflect professionalism. Therefore, all employees and volunteers are expected to dress appropriately, with attention to the message their attire communicates. While it is important not to dress in a manner that would intimidate clients, the attire of employees and volunteers should reflect competence, neatness and a professional demeanor.

Skirts, dress pants, dress shirts, sweaters, tshirts and jeans are permitted. Casual shorts, mini skirts, and revealing attire are not appropriate during regular office hours. Nurses may wear scrubs of their choosing. Pro-life attire, jewelry

and buttons are not permitted as they may produce a barrier between the client and staff. The Executive Director will be responsible for evaluating the propriety of office dress and appearance.

## **Relationships with Clients**

The PCCOB seeks to establish professional mentoring relationships with clients. Employees or volunteers should not transport clients to and from the center or other appointments. They should also refrain from giving financial or material assistance to clients outside the established programs of the PCCOB. Non-clients that come to the center seeking assistance may qualify for one-time emergency supplies but should not ever be given money. Those needing additional assistance should be referred to other agencies that provide emergency meals, shelter, or material goods.

Employees/volunteers of The PCCOB should also refrain from giving parties or showers to individual clients unless it is a practice that can be fairly provided for all clients without favoritism.

Staff and volunteers of The PCCOB should refrain from physical contact with clients. If touch is perceived to be helpful or comforting to the client, prior verbal consent must be obtained. Touching of any kind that is sexually oriented or motivated is strictly forbidden and will result in immediate dismissal of the staff member.

## **Responding to Media Inquiries**

The PCCOB recognizes that its communications through the public media may have a significant impact upon the community's perception of the organization. To ensure all communications fairly and accurately portray The Pregnancy Care Center, the Executive Director is considered the only official spokesperson. Any official communication about The PCCOB and any responses to media inquiries should be referred to the Executive Director, or in her absence, the Nurse Manager.

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## **Use of Social Media**

The PCCOB upholds a high standard of integrity in using social media forums. Only designated employees will be administrators of The PCCOBs online forums. Caution will be used when posting statuses or photos. Photos or information about clients will not be used without prior written permission by the client.

The PCCOB strongly encourages employees to use caution in their personal usage of social media. As someone associated with The PCCOB, employees/volunteers should ensure all online content is consistent with the mission and values of The Pregnancy Care Center. If offering opinions, employees should make it clear that personal views do not reflect that of The PCCOB. Social media should never be used as a forum to discuss issues related to The Pregnancy Care Center, staff, volunteers or clients. The Executive Director may monitor employees' virtual activity.

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