



Volunteer Job Description: Client Advocate

Position Summary:

Client Advocates are responsible for the education, emotional support, and assistance of clients on our mobile. This position is under the supervision of the Executive Director and Nurse Manager. Training is provided.

Job Specific Qualifications:

1. Willingness to serve.
2. Effective interpersonal communication skills, especially in oral communication.
3. Effective listening skills.
4. Completion of training in client support, which includes reading the volunteer handbook, instructional time with the Executive Director or Nurse Manager, and shadowing time with trained volunteers.

General Duties:

1. Greet clients and complete intake forms relevant to client needs. Provide emotional support in a pleasant and non-judgmental tone. Maintain a pleasant and courteous voice with clients, offering assistance, especially to abortion-vulnerable clients.
2. Familiarize yourself with referral files and be able to efficiently give information to clients. Provide education and referrals related to adoption, post-abortion healing, social services, and other areas of need. Training provided.
3. Provide education and guidance in the areas of abstinence, secondary virginity, contraception, STDs, fetal development and abortion. Training provided.
4. As the Lord leads, pray with clients and discuss their spiritual relationships, encouraging them to seek an active relationship with Jesus Christ.
5. Update Assessment Forms, intake sheets, and other forms in client files.
6. Attend volunteer training meetings semi-annually, increasing knowledge of client support and services offered.
7. Complete other relevant duties as assigned by staff and volunteers.

Thank you for your interest in becoming a client advocate! Client advocates are essential for the functioning of the Alpha Women's Center Mobile Medical Clinic. We all work together to form the body of Christ.



Volunteer Application

Contact Information

Name			
Street Address			
City ST ZIP Code			
Home Phone		Cell Phone	
E-Mail Address		Do you use Facebook?	
Are you over 18?			

Religious Affiliation

Are you a Christian?	____ Yes ____ No		
Church Name		Denomination	
City		Clergy's Name	
Positions served/other involvement			
Please write a few sentences describing your relationship with God.			

Willingness to Serve

Why do you want to volunteer?	
Do you have any experiences that relate to the services offered by our Center?	
What special skills, talents, gifts or personality traits would you bring to this ministry?	

Abortion Beliefs

Please write a few sentences describing your beliefs about abortion.

Availability

During which hours are you available for volunteer assignments? Please list all available time frames for each day (i.e. Monday: 9am-12pm, 3pm-5:30pm; Tuesday: not available, etc.) to help with coordinating schedules.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

How many times per month can you commit to volunteering? _____

_____ Special Projects only (i.e. Mother/Daughter Tea, Walk for Life)

Interests

Tell us in which areas you are interested in volunteering

___ Client Advocate (peer-counselor on the mobile)

___ Board member

___ Fundraiser helper

___ Fundraiser coordinator

___ Event planning

___ Graphic design (brochures, flyers)

___ Special projects

___ Ultrasonographer

___ Driver for ICU Mobile

___ Pit Crew Member

___ Prayer Team

___ Church liaison

___ Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

References: please include two references (at least one work reference)

Name	Relationship	Phone Number

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If completing this application on the computer, I agree that my typed signature acts in place of my written signature.

Signature		Date	
-----------	--	------	--

Our Volunteer Policy

Our Volunteers are committed Christians who have a personal relationship with Jesus Christ as Savior and Lord. They also exhibit strong commitment and dedication to the pro-life position and practice, as well as to sexual purity.

Thank you for completing this application form and for your interest in volunteering with us.



BACKGROUND CHECK CONSENT FORM

First Name: _____ Middle Name: _____ Last Name _____

Other name(s) that may have been used in the past _____

Gender _____ Date of Birth: _____ Place of birth _____

State / province _____ Country _____

Social Security Number: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____

Do you have any criminal convictions? _____

If YES, briefly explain the nature _____

Country, State and County that the conviction occurred _____

Date of conviction(s) _____

I hereby give permission to Alpha Women's Center to run a background check on the information provided in this form.

Signature: _____ Date: _____