



P. O. Box 1438, Wynne, AR 72396
Ph: 870-238-4329 Fax: 870-208-8935
www.conceptsoftruth.org
www.nationalhelpline.org



“Then you will know the truth, and the truth will set you free.” John 8:32

Dear Prospective Staff member,

Thank you for your willingness to prayerfully consider joining Concepts of Truth’s National Helpline for Abortion Recovery staff. Concepts of Truth, Inc. is a professional counseling center offering life affirming options, pregnancy consulting, sexual integrity classes and resources for hope and healing to those who have been wounded by abortion. **The National Helpline for Abortion Recovery at 866.482.LIFE is an integral part of the mission of Concepts of Truth, Inc. The National Helpline is a 24/7 confidential number where callers can call and talk with another person who has experienced the pain of abortion and one who has found hope and healing through Jesus Christ.** Enclosed please find an application to become a **National Helpline for Abortion Recovery staff member** and our staff qualifications. Please feel free to call our center if you have any questions.

If you feel God is leading you to serve as a **National Helpline for Abortion Recovery staff** and you meet the qualifications listed, **fill out the application, submit a letter of recommendation, sign the contracts and background authorization form** and return to the above address. A committee will review the applications and selections will be made after each is prayerfully considered.

May the Lord bless you and guide you in your decision of serving this pro life mission field to offer help, hope and healing to the many wounded by abortion. We are praying for you!

Grace & Peace,

Millie Lace, MSE, LPC, Founder & Director
Dail Lace, Executive Director of the National Helpline

Mission Statement

The mission of the National Helpline for Abortion Recovery is to help callers find healing after abortion by listening, assessing needs, mailing resources, making referrals to local help centers, and providing follow-up as needed.

Board of Directors: Dr. George Conner, Dail Lace, Millie Lace, Rev. Matt Pearson, Beverly McGraw, Odell McCallum, **Honorary Member:** Fr. Ed Graves

NATIONAL HELPLINE FOR ABORTION RECOVERY STAFF QUALIFICATIONS

National Helpline staff shall:

- Acknowledge Jesus Christ as Lord and Savior and the Bible as the inerrant Word of God
- Have a profession of faith in the one true God of the Bible.
- Commit time and resources first to God and family.
- Commit to serving God and others.
- Have completed a recognized Christ-centered post-abortion healing program for example, Forgiven & Set Free or similar programs. Submit a letter of recommendation from group facilitator and or your pastor.
- Have completed Concepts of Truth's National Helpline Training.
- Have submitted a declaration form to The Justice Foundation.

Selection

National Helpline staff are recruited, selected and approved by a selection committee from Concepts of Truth, Inc. Professional Counseling & Care Pregnancy Center

Responsibilities and Accountability

1. **National Helpline Staff** must be dedicated to offering immediate help and hope to the caller.
2. **National Helpline Staff** will commit to sharing the truth in love about how abortion has affected their lives. Staff will seek to show compassion, exhibit people skills and the ministry of helps.
3. **National Helpline Staff** will commit to confidentiality and to do the caller no harm. The Good Samaritan Clause for Insurance liability may apply to the individual phone consultant. Concepts of Truth, Inc. assumes no responsibility to provide liability insurance for the individual staff member.
4. **National Helpline Staff** make a clear statement to each caller as to non-licensure or certification to counsel.
5. **National Helpline Staff** will comply to guidelines and qualifications to become staff following suggested techniques on basic communication skills keeping the caller's needs the upmost priority. Each staff member will commit to ministering Biblical standards on abortion and adoption.
6. **National Helpline Staff** will have access to an approved current listing of all post-abortion healing and pregnancy center resources in their state, including abortion support and recovery groups, and professional counselors who deal with grief recovery.
7. **National Helpline Staff** must be dedicated to collecting declaration forms to help end legal abortion.
8. **National Helpline Staff** will participate in monthly telephone conference calls and have an active email account to stay current and involved.

Board of Directors: Dr. George Conner, Dail Lace, Millie Lace, Rev. Matt Pearson, Beverly McGraw, Odell McCallum, **Honorary Member:** Fr. Ed Graves

NATIONAL HELPLINE FOR ABORTION RECOVERY STAFF APPLICATION

Name _____ SS# _____ DOB _____

Age: _____ Marital Status _____ Phone: (Day) _____ (Evening) _____

Address _____ Street _____ # _____

City _____ State _____ Zip _____

Email Address _____

Occupation _____

Educational Background _____

1. How did you first become aware of the National Helpline for Abortion Recovery?

2. Briefly state what makes you interested in working with the National Helpline?

3. Have you ever attended an abortion recovery training?

____ Yes ____ No Organization? _____

If no, would you be willing to commit yourself to attending such a training?

____ Yes ____ No

4. Describe both current and past positions held or services performed for other non-profit organizations and ministries.

5. What gifts, talents, experience, or personality traits would you bring to this ministry?

6. How many hours/days per week are you willing and able to work? _____

7. Post Abortive? Y__N__ No. of Abortions _____ Healing Class Completed? Y__ N__

Individual or group class _____

Name of Class _____ Date Completed _____

Group Leader's Name _____ Phone no. _____

Memorial service, yes _____ no _____

8. To what extent is your spouse, if you are married, supportive of your working for the National Helpline for Abortion Recovery?

Board of Directors: Dr. George Conner, Dail Lace, Millie Lace, Rev. Matt Pearson, Beverly McGraw, Odell McCallum, **Honorary Member:** Fr. Ed Graves

9. Have you had experience in dealing with people in a crisis? ____ Yes ____ No
 If yes, explain_____

10. **Scenario:** You receive a call at 1:00 a.m. and the caller is crying. Explain your response.

General Information

1. In this section, please make a general evaluation of your knowledge in the following areas:

a. Knowledge of how abortions are performed/methods used.
 ____ excellent ____ good ____ fair ____ poor

b. Knowledge of existing laws regulating abortion.
 ____ excellent ____ good ____ fair ____ poor

c. Knowledge of what the Bible teaches concerning the sanctity of human life.
 ____ excellent ____ good ____ fair ____ poor

d. Knowledge of basic communication skills
 ____ excellent ____ good ____ fair ____ poor

2. Under what circumstances, if any, is abortion justifiable, in your opinion? Explain.

3. What questions would you like to have someone address concerning abortion and/or the sanctity of human life.

4. Do you feel that sex outside of marriage is immoral? Please explain.

5. Are you currently seeking to adopt a child?

6. Are you uncomfortable with any aspect of the requirements to become a National Helpline for Abortion Recovery staff member? Explain.

7. To the extent of your current knowledge of the National Helpline for Abortion Recovery what is your vision for the ministry?

Background Information

1. Do you consider yourself a Christian? ____ Yes ____ No_____How long?

What is a Christian?_____

2. Please give a brief statement about how you came to know Christ as your Savior and Lord._____

3. Please provide the following information about your local church.

Church Name_____ Phone _____

Address _____ Zip _____

Denomination_____

Senior Pastor's Name _____

4. How long have you been involved in your church?_____

List any positions held_____

5. Are you currently involved in a Bible study, either with a group or personal? ____ Yes ____ No If yes, how long and what is the name of the Bible study?_____

6. Please list names and addresses of two people, other than your pastor, whom we may contact for references:

Name_____Address_____

Phone _____

Name_____Address_____

Phone _____

7. Include your letter of recommendation - one from your abortion recovery program facilitator and or one from your pastor with this application.

8. Include your professional licensure or an abortion recovery training certificate if applicable.

Contract of Confidentiality: All **National Helpline for Abortion Recovery** information on callers is strictly confidential and I agree not to divulge any information whatsoever regarding callers or potential callers, past or present, including name, phone numbers, addresses and dates. Every caller has a right to total privacy and I will respect that right. Being a **National Helpline for Abortion Recovery staff of Concepts of Truth, Inc.**, I agree that under no circumstances will I divulge any personally identifiable information regarding the caller’s personal life, abortion, adoption of a baby or information on any adoptive family and will not personally be involved in the arrangement or the placement of a child for adoption.

Signed _____ Date _____

Contract for Non-Liability: As a National Helpline employee of Concepts of Truth, Inc, I understand that **Concepts of Truth, Inc.** assumes no responsibility to provide liability insurance for me. I understand that I will need to provide my own liability insurance or check to see if I will be covered under the Good Samaritan Clause for insurance. I agree to dismiss **Concepts of Truth, Inc. Professional Counseling & Care Pregnancy Center** of any responsibility for any damages I may cause to individual callers as a National Helpline for Abortion Recovery staff. I commit to making a clear statement to each caller as to non-licensure or certification to counsel or making a statement describing my professional licensure.

Signed _____ Date _____

Contract of Commitment: As a National Helpline employee of Concepts of Truth, Inc, I commit to offering immediate help and hope to each caller. I commit to sharing the truth in love about how abortion has affected my life. I will seek to show compassion, exhibit people skills and the ministry of helps as guided by the Holy Spirit of God the Father. I will commit to using suggested techniques on helping relationship skills keeping the caller’s needs the utmost priority. I will commit to ministering Biblical standards on abortion and adoption. I commit to finding approved, current resources of post-abortion healing, support and recovery groups and professional counselors who deal with grief recovery or pregnancy center resources for each caller as the need is presented. I will incorporate collecting declaration forms in an effort to help end legalized abortion if such forms are requested by the caller or when using the forms as a catalyst to promote the healing process. I commit to participate in monthly telephone conference calls when scheduled and having an active email account to stay current and involved.

Signed _____ Date _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. **New York applicants or employees**

only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name _____ First _____ Middle _____

Signature: _____ Date: _____

** If you will be requesting driving records, we recommend that you have this form notarized.

Employer please note: If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), please fax this form to your LexisNexis service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for LexisNexis to do so on your behalf. Account Number: _____

Please note: Nothing contained herein should be construed as legal advice or guidance. Employers should consult their own counsel about their compliance responsibilities under the FCRA and applicable state law. LexisNexis expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided herein,

Consumer Information

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License** _____

Present Address _____ Phone Number _____

City/State/Zip _____

Former Employer Position Dates of Employment _____

*This information will be used for background screening purposes only and will not be used as hiring criteria

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Concepts of Truth, Inc. intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file. A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you. By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's. "Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.