



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

Volunteer Consultant Application

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

Dear Prospective Volunteer,

Thank you so much for your interest in becoming a Concepts of Truth Volunteer Consultant! We appreciate your desire to help in some aspect of the ministry that is Reaching, Rescuing & Renewing Lives!

Enclosed is a volunteer application and an information sheet. Please complete your application and return it as soon as possible. There is a \$20.00 fee which covers training expenses and a required criminal background check. Please make your check payable to Concepts of Truth, Inc. and send with your completed application.

After the review process, we will contact you for an interview date.

We know that you will prayerfully consider this opportunity and we would like to thank you simply for your interest in this ministry that is saving lives and helping those hurting after abortion.

Because of Him,

Dail & Millie Lace
Founders & Directors

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

CONCEPTS OF TRUTH, INC.
VOLUNTEER INFORMATION

Concepts of Truth, Inc. prays for volunteers whom God has called to work in His pro-life movement. Equipped with Godly insight and God's love, the Holy Spirit will enable us to love with transforming love that exceeds our own human limitations and yet not compromise on any moral issue. This is the foundation on which we are striving to develop our organization.

As a volunteer, you will need to fulfill the following requirements:

- Be an active member of a local church and profess a personal relationship with Jesus Christ.
- Sign the Authorization/Consent form for Background Check
- Sign a doctrinal statement, a statement of principle and statement of confidentiality.
- Be at least 18 years old.
- Fill out all required forms
- Your husband or wife must be supportive of your work with Concepts of Truth, Inc.
- Complete training
- Submit to the authority and follow all guidelines of our Board and Director.

Listed below are the areas in which we use volunteers:

Abortion Recovery Facilitator - Facilitating abortion recovery groups using *The Journey* curriculum or another approved program.

Earn While You Learn Program Consultant – Facilitating pregnancy care & sexual health groups (upon certification). Volunteer will show videos and use specific workbooks.

General Office Volunteer—Helping with special projects like folding newsletters, stapling, putting folders together, etc. (No specific training required)

Prayer Partner-Praying for the 3 program areas of this ministry:
Prevention, Pregnancy Care & Recovery

School Volunteer Consultant - Teaching the Concepts of Sexual Health curriculum in the public schools and helping with special projects.

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VOLUNTEER APPLICATION

Name _____ Birthdate _____ Age _____

Address _____ City _____
Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email Address _____

Single _____ Married _____ Widowed _____ Divorced _____

Spouse's Name _____

Children's Names and Ages:

Highest level of education achieved _____

EMPLOYMENT

Company _____ Address _____

Dates of Employment _____ Position _____

Supervisor _____ Phone _____ May we contact?
Yes _____ No _____

CHRISTIAN TESTIMONY

Do you consider yourself to be a Christian? Yes _____ No _____ Undecided _____

What is a Christian?

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

Describe your goals as Christian.

Church _____ Address _____

Pastor _____ Phone _____ May we contact?
Yes ____ No ____

Denomination _____ Positions Held/Services Performed _____

GENERAL INFORMATION

Describe your personality.

Experience in dealing with people in crisis?

What are your feelings about abortion as a solution to a crisis pregnancy? _____

What are your feelings about adoption as a solution to a crisis pregnancy? _____

What are your feelings about single parenting as a solution to a crisis pregnancy? _____

Is there a particular age or type of personality that you prefer to work with? Be specific.

Do you have a criminal record? If so, please explain and be specific.

Any prejudice in dealing with minorities? If so, please explain.

TWO PERSONAL REFERENCES

Name/Address/ Phone

INTERESTS

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VOLUNTEER CONSULTANT MEDICAL INFORMATION FORM

Doctor's Name _____ Address _____

Current Medications and reason for taking:

Have you ever received medical treatment for any of the following? YES NO

Dizziness, fainting, convulsions, severe headache _____

Speech defect _____

Paralysis or stroke _____

Shortness of breath, asthma, bronchitis, emphysema, other respiratory _____

Chest pain, high blood pressure, heart problems _____

Sexually transmitted disease _____

Diabetes _____

Arthritis or other problem which limits movement _____

Cancer _____

Allergies _____

Alcoholism, drug abuse _____

Emotional/Mental illness or attempted suicide _____

Miscarriage or death of a child _____

AIDS _____

Do you currently have any communicable disease which might be transmitted to any family member with whom you are working? If so, please list below:

Are you currently pregnant? Yes _____ No _____

of Abortions? _____ N/A _____

Requirement: If post-abortive, potential volunteer must attend a recovery program. If already completed, list name of program and date completed. _____

Do you have any physical limitations which might affect your ability to function adequately in service as a volunteer? If so, please describe.

Other Comments

Printed Name _____ Signed _____

Date _____

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

Concepts of Truth, Inc. DOCTRINAL AFFIRMATION

1. WE BELIEVE that the Scriptures, both Old and New Testaments, are the inspired and inerrant Word of God, the complete revelation of His will for the salvation of men, and the Divine and final authority for Christian faith and life.
2. WE BELIEVE in one God, Creator of all things, infinitely perfect and eternally existing in three persons, Father, Son, and Holy Spirit.
3. WE BELIEVE that Jesus Christ was conceived of the Holy Spirit and born of the virgin Mary. He died on the cross as a sacrifice for our sins according to the Scriptures. He arose bodily from the dead, ascended into heaven where, at the right hand of the Father, He now sits as our High Priest and Advocate.
4. WE BELIEVE that the sacrificial death of Jesus Christ on the cross and His resurrection provide the only grounds for justification and salvation for all who believe, and that all those who receive Jesus Christ are born of the Holy Spirit and thus become children of God.
5. WE BELIEVE, that the ministry of the Holy Spirit is to glorify the Lord Jesus Christ, and during this age to convict men, regenerate, indwell, guide, gift, instruct, and empower the believer for godly living and service.
6. WE BELIEVE that man was created in the image of God but fell into sin and is therefore separated from God. Only through regeneration by the Holy Spirit is salvation effected and relationship with God restored.
7. WE BELIEVE that the true Church is composed of all people who through saving faith in Christ Jesus have been regenerated by the Holy Spirit and are united together in the Body of Christ of which He is the Head.
8. WE BELIEVE in the bodily return of our Lord Jesus Christ, and that His return has a vital bearing on the personal life and service of the Christian.
9. WE BELIEVE in the bodily resurrection of the dead; of the believer to eternal fellowship with God; of the unbeliever to eternal condemnation.

I have read the above Doctrinal Affirmation and do hereby agree with this statement of faith.

Signature

Date

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

VOLUNTEER CONSULANT APPLICATION CONTRACTS

CONTRACT OF CONFIDENTIALITY

All Concepts of Truth, Inc. information on clients is strictly confidential and I agree not to divulge any information whatsoever regarding clients or potential clients, past or present, including name, phone numbers, addresses, and dates.

Every client has a right to total privacy and I will respect that right.

Being a Concepts of Truth, Inc. Volunteer, I agree that under no circumstances will I divulge any information regarding the adoption of a baby or any adoptive family registered with Concepts of Truth, Inc. I personally will not be involved in the arrangement or the placement of a child for adoption. I further agree that any donor information, of which I may become aware, regarding financial contributions to Concepts of Truth, Inc. will be kept confidential.

Signature

Date

Contract for Non-Liability: As a volunteer consultant 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 clients or students as a volunteer. I commit to making a clear statement to each client as to non-licensure or certification to counsel or making a statement describing my professional licensure.

Signed _____ Date _____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Concepts of Truth, Inc. may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

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

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**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.