



STATEMENT OF FAITH

We believe

- ✝ The Bible to be the inspired, the only infallible, authoritative Word of God.
- ✝ That there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- ✝ 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.
- ✝ That the salvation of the 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.
- ✝ That all true believers are secured by God's grace in their salvation. Those whom God has accepted in Christ, and sanctified by His Spirit, and reborn into new life, will never fall away from this state of grace, but shall be preserved for all eternity. Believers may fall into sin through neglect and temptation, whereby they grieve the Spirit, impair their graces and comforts, and bring reproach on the cause of Christ and temporal judgments on themselves; yet they shall be renewed again unto repentance, and kept by the power of God through faith unto salvation.
- ✝ In the present ministry of the Holy Spirit by whose in-dwelling the Christian is enabled to live a godly life, to perform good works and to endure faithfully to the end.
- ✝ In the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation.
- ✝ In the spiritual unity of believers in our Lord, Jesus Christ.
- ✝ That God created sex to be pure, good, and holy. Most importantly, He designed sexual intimacy to be expressed only within the context of marriage – a covenant relationship between 1 man and 1 woman. It is offensive to God to engage in sexual behavior that counters His purpose and extends beyond His basic design.

I, _____ agree with the above Statement of Faith.

Signature _____ Date _____



First Care Women's Clinic

THE INFORMATION PROVIDED BY THE APPLICANT IS CONFIDENTIAL AND WILL BE SHARED BETWEEN THE FCWC REPRESENTATIVE WHO CONDUCTS THE INTERVIEW AND THE APPLICANT. APPLICATIONS ARE PLACED IN A PERSONNEL FILE AND SECURED.

Name _____ Age _____ DOB _____

Address _____ City _____ Zip _____

Phone Contact: Home _____ Cellphone _____ Email _____

Marital Status: M S Spouse's Name _____ Spouse's Employer _____

Children's Names and Ages _____

Employer _____ Occupation _____

Previous Volunteer Experience (if any) _____

Do you consider yourself a Christian? Yes _____ No _____ If yes, for how long? _____

What is a Christian? _____

Please provide the following information about your local church

Church Name _____ Denomination _____ Pastor _____

Address _____ Phone _____

How long have you been a member? _____. If less than 2 years, please provide the name and phone number of your previous church _____

Will your church support you in your decision to serve in pro-life ministry?

Please provide the names of 3 members of your church that may be called as a referral i.e. ministry team, Sunday School teacher, group leaders, deacons, women's ministry coordinator:

Name _____ Position in Church _____ Phone _____

Name _____ Position in Church _____ Phone _____

Name _____ Position in Church _____ Phone _____

What positions and/or services have you held or been involved in within your church?

Please provide the following information about yourself:

Extent of formal education _____ Area of Study _____

List your special gifts or talents _____ Please list any studies, seminars, literature, or videos that you have received regarding abortion or other life issues:

First Care Women's Clinic is a pro-life ministry that offers positive alternatives to abortion. Women and men who have had a personal abortion experience in their past are valuable in counseling because they can say they understand how an abortion woman feels. Knowing your abortion history helps us to know where God can use you best but also allows us to minister to you through the Post-Abortion Support Group.

Have you ever had an abortion? _____ If yes, did you receive counseling? _____

Have you ever counseled a woman who was considering abortion? _____. If yes, can you describe the experience?

Briefly state why you are interested in volunteering at Cobb Pregnancy Services. _____

How does your spouse/family feel about this involvement? _____

What are your personal strengths? _____

What are your personal weaknesses? _____

Please provide the names and phone numbers of 2 people that we may call as a reference:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Under what circumstances would you consider abortion as an alternative for a woman in crisis due to an unexpected pregnancy?

Rape/Incest Severe psychological stress Health Never an option Other

How would you evaluate your knowledge of the following areas as they relate to abortion?

Knowledge of abortion procedures Excellent Good Fair Poor

Knowledge of abortion law Excellent Good Fair Poor

Knowledge of Bible teachings Excellent Good Fair Poor Regarding abortion

Please describe your personal story

Please return application to:

**First Care Women's Clinic
615 Roswell Street, NE
Marietta, Georgia 30060**

Or email to: lorip@firstcarewomensclinic.com

When your application has been received, a representative of First Care Women's Clinic will contact you to arrange an interview

Thank you for your interest in First Care Women's Clinic!