

SOPC

Board Application

(Confidential)



Contact Information	
Name	
Street/Mailing Address	
City, State, Zip	
Home/Cell Phone	
Email Address	
Birth Date	
Marital Status	
Occupation/Employer	

Availability

The Board of Directors meets the 3rd Thursday evening of each month. The Board Members must be active in Center related fundraising events, donor appreciation events and any other special projects that may arise.

Training is required and provided for all Board Members.

Please provide information regarding your personal relationship to Jesus Christ.

Church of Attendance _____

Minister _____ Phone _____

How long have you attended this church? _____

Have you accepted Christ as your Lord and Savior? _____ How long have you been a Christian? _____

Please provide a brief statement of faith _____

In what areas are you currently serving or have you served at your church in the past? _____

List previous or current volunteer experiences. _____

Please list any current or previous non-profit boards you have served on. _____

List educational background, degrees or certifications you might have.

Please make a general evaluation of your personal views and knowledge in the following areas:

Would any of the following circumstances be acceptable to you as a reason to consider abortion? _____

If yes, please explain.

Rape/Incest _____

Extreme psychological stress _____

Baby abnormality _____

Health of the mother _____

A form of birth control _____

Baby's father non-supportive _____

Other _____

Are you aware that most birth control pills and birth control methods cause abortions? _____

What are your views regarding birth control use for the single woman? _____

Would you agree that abstinence is the only option for a single man or woman? _____

If no, why? _____

As the Center's beliefs are based on God's Word, all staff, volunteers and board members must be abstinent while single and faithful in marriage.

Have you had a personal experience with a single mother-to-be? _____

Have you had a personal experience with adoption? _____

Are you considering adoption at this time? _____

When do you believe sexual intercourse is permissible? _____

Knowledge of abortion methods and procedures

Excellent ___ Good ___ Fair ___ Poor ___

Knowledge of existing laws regulating abortion

Excellent ___ Good ___ Fair ___ Poor ___

Knowledge of what the Bible teaches about abortion

Excellent ___ Good ___ Fair ___ Poor ___

Have you had a personal experience with a woman who was considering an abortion? _____

Have you personally experienced an abortion or contributed to an abortion decision? _____

Briefly explain _____

Please list any counseling or post-abortion support groups you have been involved with. _____

Post-abortive applicants must complete the current post abortion sessions offered by the SOPC before you become a client advocate or board member of the Center.

What spiritual gifts, talents or personality strengths can you bring to this ministry? _____

Does your spouse/family support your involvement in this ministry? _____

Briefly state your interest in serving as a SOPC Board Member. _____

References

Please list two references that are not relatives.

Name _____

Name _____

Phone # _____

Phone # _____

Email _____

Email _____

Person to notify in case of emergency.

Name _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Agreement and Signature

By submitting this application I affirm that the facts set forth are true and complete. I have also read SOPC's Statement of Faith and Principle and agree with their purpose. I understand that if I am accepted as a Board Member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I give permission to the Center to conduct a criminal background check to the extent that my volunteer duties may involve sensitive material, the handling of money or interaction with minors. SS# will be required.

Name (printed) _____

Signature _____

Date _____

Thank you for completing this application and your interest in a serving position with the SOPC. Please return your application to the SOPC by mail or in person. Thank you!

SOPC
135 W. Walnut
Hillsboro, OH 45133