



BOARD MEMBER APPLICATION

Hope Clinic
P.O. Box 19040
Hattiesburg, MS 39404

Name _____ Cell _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Birthdate _____ Occupation/Employer _____

Marital status/years: _____ Spouses Name/Occupation _____

Educational background _____

Volunteer experiences (outside of the church) _____

1. How did you first become aware of the clinic? _____

2. Briefly state what makes you interested in working with the center on its Board of Directors.

3. Have you attended a pregnancy center volunteer training seminar? ____ yes ____ no
If yes, when? _____
If no, are you willing to commit to attend such a seminar? ____ yes ____ no

4. What gifts, talents, experiences, or personality traits would you bring to this ministry? _____

5. Have you ever been on the Board of Directors of a nonprofit organization? ____ yes ____ no
If yes, please describe: _____

6. How do you handle conflict with others? _____

7. How many hours per month are you willing and able to devote to the clinic? _____
8. A normal term in office is three years. Are you able to commit yourself to this amount of time to serve on the Board of Directors? _____
9. If you are married, is your spouse supportive of your application to the Board of Directors?

10. One of the Board responsibilities states to: "Lead by example in financially supporting the center as directed by God." Do you agree with this responsibility?

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, and methods used
____ excellent ____ good ____ fair ____ poor
 - b. Knowledge of existing laws regulating abortion
____ excellent ____ good ____ fair ____ poor
 - c. Knowledge of biblical teaching on the sanctity of human life
____ excellent ____ good ____ fair ____ poor
2. Under what circumstances, if any, is abortion justifiable in your opinion? _____

Explain: _____

3. What questions do you have concerning abortion and/or the sanctity of human life? _____

4. When do you feel like it is appropriate to enter into a sexual relationship?

5. Are you uncomfortable with any aspect of the clinic's Statement of Faith or Statement of Principle? _____ yes _____ no
Explain: _____

6. To the extent of your current knowledge of Hope Clinic, what is your vision for the ministry?

BACKGROUND INFORMATION

1. Do you consider yourself a Christian? _____ yes _____ no
2. What is a Christian? _____

3. How long have you been a Christian? _____

4. Give a brief statement about how you came to know Christ as your personal Savior and Lord.

5. How has your life changed since your personal relationship with Jesus Christ began?

6. Please provide the following information about your church:

Church name _____ Phone _____

Address _____ Zip _____

Senior Pastor's name _____

Denominational ties, if any _____

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

8. Are you currently involved in a Bible study? _____ yes _____ no

If yes, how long? _____

9. Describe positions you have held or services performed with the church.

10. Please list the names and addresses of two people, other than your pastor, whom we may contact for references for becoming a board member.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

THANK YOU FOR YOUR TIME. WE LOOK FORWARD TO MEETING YOU!



Background Check of all Board members, staff and trained in-house volunteers:

Full Name: _____ Maiden: _____

SSN: _____ DOB: _____

Email address: _____

Phone: _____ - _____ - _____ Driver's License Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

*A criminal background check must be obtained for all board members, staff and trained in-house volunteers. Please be aware that upon completing this form and receiving your signature below that if records show there has been any criminal misconduct, excluding traffic tickets, you will be asked to resign from your volunteer or staff position.

Signature: _____ Date: _____

Witness: _____ Date: _____

Person to contact: Karen Sims, Executive Director 601.264.2181
216 S 27th Ave. Hattiesburg, MS 39401