

Volunteer Medical Director Application

Informed Choice of Iowa Corporation
P.O. Box 2537 Iowa City, IA 52244

This application and the information provided in it will be reviewed by qualified Informed Choice of Iowa staff only and will remain confidential.

Directions for completing this application:

1. Fill out this application as completely as possible.
2. Provide the Pastoral, Personal, Professional and Peer Reference Forms to the persons completing them for you. (See Section F) Encourage them to return the forms to Informed Choice of Iowa as soon as possible
3. Sign the application at the Signature of Agreement and Commitment section. (See Section J)
4. Keep a copy of the complete application for yourself.
5. Return the completed application and a copy of your resume or CV to Informed Choice of Iowa.
6. Professional documentation required for third party credentialing will be requested after your application is approved.

NOTE – If you need additional room for your answers to any of the questions, please write on the back of the page.

Your involvement in Informed Choice of Iowa, including training, can begin only after the complete Application, Resume, and Reference Letters are returned and approved by the Executive Director.

A) Demographic Information

Name

Address

City

State

Zip

Home Phone

Business Phone

Email Address

Cell #

Please circle your preferred method of communication: Phone: Home Business Cell or Email

Where do you attend church?

B) Interest in Informed Choice of Iowa

Which Clinic do you want to volunteer with: _____

How did you hear about Informed Choice of Iowa?

Why would you like to be involved with Informed Choice of Iowa? _____

Are you interested in working directly with patients? Yes ___ No ___

If Yes, please describe your expectations. _____

C) Abortion & Adoption Experiences

Have you had any personal experiences with abortion or adoption? Yes ___ No ___

If Yes, please describe. _____

D) Mission, Values, and Strategy

Please carefully read the Mission, Values, and Strategy statements below. To be involved with Informed Choice of Iowa, you are expected to know and adopt the following, as well as perform your role accordingly.

Mission

To eliminate the option for abortion through effectively serving the pregnant at-risk woman by turning her fear of the present into confidence in her future.

Vision

Serving abortion-minded/vulnerable women at the optimum time and offering services in the most effectual way for the maximum benefit of the patients, babies, staff, donors, the organization, the community, and God.

Values

- Abortion elimination by demand reduction
- Accountability
- Relevance
- Determination

E) Positional Statements

Please carefully read each of the four positional statements below. To be involved with Informed Choice of Iowa, you are required to sign an agreement to uphold each of the Positional Statements as stated. If you cannot agree to any part of the statements, stop the application process at this point and contact the executive director. (Note – If you are not sure about your agreement or have a question about a statement, write this in the space at the end of this section and continue with the application.)

Abortion

1. It is our position that every abortion claims an innocent life.
2. We are painfully aware of the trauma surrounding pregnancies related to rape, incest deformities of the developing child, and/or health risks to the mother. We exist, in part, to provide helpful intervention in such cases, but we do not find abortion to be either effective or morally acceptable as a method of reducing such trauma.
3. In those extremely rare cases where continued pregnancy is reasonably expected to precipitate the mother's immediate and literal death, we have been able to discover no clear biblical principle absolutely prescribing or recommending the act of abortion. In such cases, we encourage the parties involved to prayerfully consider the gravity of their decision and the merit of available alternatives. Furthermore, we commit ourselves to respect the decision of the parents and to provide whatever support is possible.

Birth Control

1. For far too long, "sex education" in our schools has concentrated on birth control instead of self-control. We believe that, so long as people engage in sexual relationships outside of marriage, there will continue to be great numbers of unplanned pregnancies, sexually transmitted diseases and broken lives.
2. Much of the difficulty encountered in confronting the problems of young adult promiscuity and pregnancy stems from a paradox engendered by the birth control establishment. Though young people are taught that sex outside of marriage is "no big deal," they sense its profound significance and so feel both permission and desire to become sexually active. This has produced every-higher rates of young adult sexuality, pregnancy, abortion and disease – the very problems that expensive, tax-funded programs promised to prevent.
3. Informed Choice of Iowa is working to reach young adults with the less appealing but more truthful message that sex can only be safe and loving within the context of a permanent, marital relationship.
4. Our staff does not refer or provide patients with birth control.

Statement of Faith

We believe:

1. In one triune God: In God the Father Almighty, Creator of heaven and earth. In Jesus Christ our Lord, the only Son of God. Conceived by the Holy Spirit, Jesus Christ was born of the Virgin Mary & became man. For our sake, He was crucified, suffered, died, was buried, and rose from the dead on the third day in fulfillment of the Scriptures. He ascended into heaven and is seated at the right hand of the Father. Jesus shall come again in glory to judge the living and the dead. His Kingdom will have no end. Jesus Christ is the one Mediator between God and the human race and alone is our Redeemer. In the Holy Spirit, the Lord and giver of life. The Holy Spirit has spoken through the prophets and guides until the end of time.
2. Through His infinite mercy, God offers us salvation through faith in Jesus Christ. Faith is the realization of what is hoped for and evidence of things not seen. Repentance, obedience to His commands and good works are manifestations of faith.
3. That all Scripture is God-breathed.
4. That God created man in His image, male and female He created them, to be fruitful and multiply, filling and subduing the earth.
5. That the people of God, the Church, are to keep God's commandments, pray for one another and spread the Gospel of Jesus Christ. In working together to strengthen the people of God, so that all may be one and thus help convince the world that Jesus Christ was sent by the Father Almighty.
6. In one baptism for the forgiveness of sins, in the resurrection of the dead and in the life of the world to come.
7. Children are a gift of God, human life begins at conception also known as fertilization, all humans are created with the right to life and we are called to aid the least among us.

Statement of Principle

All services are provided with this basis:

1. Children are a gift of God, human life begins at conception also known as fertilization, all humans are created with the right to life and we are called to aid the least among us.
2. Both the born and the unborn are endowed by our Creator with an inalienable right to life, and that in all cases of crisis pregnancies, a solution should be sought which equally values the mother and unborn child and allows them both to live.
3. We should do all things for the glory of God.
4. Each of us should use whatever gift we have received to serve others, faithfully administering God's grace. In serving others, we should do so with the strength God provides.
5. We are called to counsel with compassion, gentleness and respect, keeping a clear conscience and always telling the truth. We are to love one another as Jesus Christ loved us. This love is patient and kind, not insisting on its own way, not arrogant, not rude, but rejoicing in the truth.
6. We never recommend, facilitate, or refer for abortion or abortifacients. We never recommend, facilitate, or refer for contraceptives. Women should be informed of the abortifacient nature of contraceptives as applicable.
7. Unmarried women shall be taught the virtue of sexual purity.
8. We are called to spread the Gospel of Jesus Christ. In evangelism, we acknowledge that each client may be at a different point along his/her Christian spiritual journey and receive those whose faith is weak without offending. We do so without passing judgment on disputable matters. However, we should always be prepared to give an answer to anyone who asks the reason for the hope in salvation that we have.

F) References

Involvement with Informed Choice of Iowa requires four references; 1) from your current pastor, 2) a personal reference from someone who knows you well and for longer than a year, 3) a professional reference, and 4) a peer reference. Only the pastor reference can be an immediate family member (if necessary).

You are responsible for getting the Reference Forms to the people who will complete the forms on your behalf.

Reference forms can be found on-line in the “get involved” section of www.InformedChoiceIA.org

Please list the four people who will be completing the Reference Forms for you.

Pastor _____ Phone _____

Personal _____ Phone _____

Relationship to you _____

Professional _____ Phone _____

Peer _____ Phone _____

G) Relevant Experience & Skills

Please describe any experience you think may be relevant to working at Informed Choice of Iowa. This can be employment, volunteer experiences, occupational training, public speaking, etc.

Organization / Company	Job Title	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide us with information concerning any additional skills you may have.

H) Availability & Frequency

Please check the appropriate days and times you expect to be available.

Days of Week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

NOTE – Medical charts must be reviewed and signed within 24 hours of patient care. Informed Choice of Iowa uses an EMR system which will give you the ability to view patient charts and scans and sign charts from anywhere you have Internet access.

Please Circle the frequency you will be able to come into the clinic (especially if you have indicated that you are interested in working with patients).

Frequency	Multiple times per week	Once a week	Every other week	Once per month	Occasionally (as my schedule allows)	On Call (as you need me)
	Other _____					

NOTE – The Medical Director positions is expected to be for a period of at least two years. If you are unable to make this commitment, please indicate reasons in the space below.

I) Commitment to Standards and Non-Disclosure

Informed Choice of Iowa is committed to serving our patients and donors with the highest standard of professionalism. To do this, we require that all staff and volunteers agree to and commit to the standards listed below. Please read each of the standards carefully. We require that you adhere to these standards at all times during your involvement with Informed Choice of Iowa.

NOTE – If you have a question about a standard or feel that you may be unable to adhere to a standard, please indicate this in the space at the end of this section.

- I will know and responsibly work towards fulfilling Informed Choice of Iowa's Mission and Strategy.
- I will apply the values of Accountability, Relevance, and Determination to my role and activities at Informed Choice of Iowa.
- I will serve women and men in unplanned pregnancies and post-abortion counseling with care and compassion, speaking the truth in love through ministry and not manipulation. (For those in positions with patient contact.)
- I will keep all patients' identities and life situations in strict confidence at all times.
- I will keep all donors' identities and donations in strict confidence at all times.
- I will keep all business operations, processes, methods, and documentation of Informed Choice of Iowa in strict confidence at all times.
- I will comply with the Policies and Procedures established by Informed Choice of Iowa.
- I will commit to serve in my position with Informed Choice of Iowa for at least two years, following training.
- I will never refer or advise any woman to have an abortion.
- I will uphold Informed Choice of Iowa's policy on birth control, which is abstinence only for unmarried patients.
- I will not prescribe abortifacients to any clients at the Informed Choice of Iowa clinic or in my practice outside of the Informed Choice of Iowa clinic while serving as the medical director.
- I will be prepared for my scheduled duties and will remain responsibly engaged while performing my duties.
- I will pray for Informed Choice of Iowa staff, volunteers, and patients.
- I will commit to a monogamous marriage relationship during my time at Informed Choice of Iowa (if married).
- I will remain sexually abstinent during my time at Informed Choice of Iowa (if unmarried).
- I will maintain any professional licenses and certifications required to perform services at Informed Choice of Iowa.

Questions or comments concerning the above Commitment to Standards and Non-Disclosure:

J) Signature of Agreement and Commitment

Having carefully read and completed this application, I, the undersigned, agree that:

- I have provided information that is accurate,
- I will uphold the Mission, Values, and Strategy of Informed Choice of Iowa,
- I will uphold the Positional Statements as stated,
- I will uphold the Commitment to Standards and Non-Disclosure as stated, and
- I have included any questions, concerns, or differences that I presently have.

Print Name

Signature

Date

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Informed Choice of Iowa Corporation ("the Company") 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. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. 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.

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.

Last Name _____ First _____ Middle _____

Signature: _____ Date: _____

Consumer Information- please print neatly

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

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

Present Address _____ Phone Number (land line) _____

City/State/Zip _____

Previous Address (if less than 5 years ago) _____

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

Pastoral Reference Form

Please mail the completed form to:
 Informed Choice of Iowa
 P.O. Box 2537 Iowa City, IA 52244
 Attention: Application Process

If you have any questions regarding this form,
 please contact us at (319) 337-0575 or email
 Suzi@informedchoicesclinic.com

Applicant's Name: _____ **Position:** _____

The above named individual has applied for a staff or volunteer position with Informed Choice of Iowa. We would appreciate a confidential statement from you concerning the applicant's conformity to the qualities listed below and their expected ability to carry out their duties.

PLEASE NOTE – As part of our application process, after receiving this reference form from you, Informed Choice of Iowa staff may contact you to discuss the applicant's possible involvement.

Desired Qualities – As part of Informed Choice of Iowa, the applicant will work for or with men and women who may be facing an unplanned pregnancy or sexually transmitted diseases and the decisions required therein. Some of the qualities desired in staff and volunteer are:

- A genuine commitment to Jesus Christ as Savior and Lord of their life.
- A willingness to give of themselves with compassion to the men and women they will serve.
- Dependability and responsibility to perform their role and corresponding activities with excellence.
- An ability to uphold their commitments to the Mission, Values, and Policies of Informed Choice of Iowa.

Your comments concerning the applicant's conformity to the qualities listed above.

(please use the back of this form if you require extra space)

	Below Average	Average	Above Average	Comments
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation, Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperativeness / Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How long have you known the applicant? _____

Your Name _____ Church _____

Phone _____ Email _____

Signature _____ **Title:** _____ **Date** _____

Peer Reference Form

Please mail the completed form to:
 Informed Choice of Iowa
 P.O. Box 2537 Iowa City, IA 52244
 Attention: Application Process

If you have any questions regarding this form,
 please contact us at (319) 337-0575 or email
 Suzi@informedchoicesclinic.com

Applicant's Name: _____ **Position:** _____

The above named individual is submitting an application to work for or volunteer with Informed Choice of Iowa in one of their free medical clinics. Informed Choices Medical Clinics provide pregnancy and STD testing as well as other health services to clients free of charge. Information will be held in confidence, and your complete candor in responding to this inquiry is appreciated.

Your Name _____ Title: _____

Phone _____ Email: _____

How long have you known the applicant? _____

What is your professional relationship with the applicant? _____

Please describe your knowledge of the candidate's professional competence:

	Excellent	Good	Fair	Poor	No Knowledge	Comments
Competence / Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compassionate Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation, Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperativeness / Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Ethics / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional information about the applicant you feel should be taken into consideration.

Signature: _____ **Printed Name:** _____ **Date:** _____

Personal Reference Form

Please mail the completed form to:
Informed Choice of Iowa
P.O. Box 2537 Iowa City, IA 52244
Attention: Application Process

If you have any questions regarding this form,
please contact us at (319) 337-0575 or email
Suzi@informedchoicesclinic.com

Applicant's Name: _____ Position: _____

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PLEASE NOTE – As part of our application process, after receiving this reference form from you, Informed Choice of Iowa staff may contact you to discuss the applicant's possible involvement.

Desired Qualities – As part of Informed Choice of Iowa, the applicant will work for or with men and women who may be facing an unplanned pregnancy or sexually transmitted diseases and the decisions required therein. Some of the qualities desired in staff and volunteer are:

- A genuine commitment to Jesus Christ as Savior and Lord of their life.
- A willingness to give of themselves with compassion to the men and women they will serve.
- Dependability and responsibility to perform their role and corresponding activities with excellence.
- An ability to uphold their commitments to the Mission, Values, and Policies of Informed Choice of Iowa.

Your comments concerning the applicant's conformity to the qualities listed above
(please use the back of this form if you require extra space)

Please check the best rating for the areas listed.

	Below Average	Average	Above Average
Dependability	_____	_____	_____
Spiritual Maturity	_____	_____	_____
Communication Skills	_____	_____	_____
Initiative	_____	_____	_____

How long have you known the applicant?: _____ In what capacity?: _____

Your Name _____ Church _____

Address _____

Phone (day) _____ (evening) _____

Signature _____ Date _____

Professional Reference Form

Please mail the completed form to:

Informed Choice of Iowa
 P.O. Box 2537 Iowa City, IA 52244
 Attention: Application Process

If you have any questions regarding this form,
 please contact us at (319) 337-0575 or email
 Suzi@informedchoicesclinic.com

Applicant's Name: _____ **Position:** _____

The above named individual is submitting an application to work for or volunteer with Informed Choice of Iowa in one of their free medical clinics. Informed Choices Medical Clinics provide pregnancy and STD testing as well as other health services to clients free of charge. Information will be held in confidence, and your complete candor in responding to this inquiry is appreciated.

Your Name _____ Title: _____

Phone _____ Email: _____

How long have you known the applicant? _____

What is your professional relationship with the applicant? _____

Please rate the applicant in relation to others of the same professional experience.

	Excellent	Good	Fair	Poor	No Knowledge	Comments
Competence / Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compassionate Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation, Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Ethics / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide a narrative evaluation of the applicant's ability to follow protocol and perform at a high level during patient care involving challenging clients whose values may conflict with his/her own.

Please use the back of this form to convey any additional information about the applicant you feel should be taken into consideration.

Signature: _____ **Printed Name:** _____ **Date:** _____