

ALPHA PREGNANCY SERVICES, INC.
1601 Lombard Street
Philadelphia, PA 19146
(215) 735-6028

APPLICATION FOR INTERNSHIP

Qualified applicants receive consideration on the basis of qualifications for the position without regard to race, color, sex, age, national origin, marital status, veteran status or disability. As a religious organization, Alpha Pregnancy Services, Inc. is permitted and reserves the right to prefer employees on the basis of religion. Title VII, Section 702-703, v.v. Civil Rights Act of 1964. Applicant must hold principles which coincide with the Doctrinal Statement and Purposes of Alpha Pregnancy Services, Inc.

Last name	First name	Middle Name	Date of Application	
<hr/>				
Address: Number	Street	City	State	Zip code
<hr/>				
Telephone number(s), include area code:	Work	Home		
<hr/>				
	Fax number	e-mail		
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POSITION DESIRED:

HOW DID YOU HEAR ABOUT THE POSITION?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revised 2/2014

Alpha Pregnancy Services, Inc. APPLICATION FOR INTERNSHIP - Continued

Please answer all the following questions:

- If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO N/A
- Have you ever filed an application with us before? If Yes, give date YES NO

- Have you ever been employed with us before? If Yes, give date. YES NO

- Are you currently employed? YES NO
- May we contact your present employer? YES NO
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status (*Proof of citizenship or immigration status will be required upon employment.*) YES NO
- On what date would you be available to work? _____
- Are you available to work: () Full Time () Part Time () Temporarily
- Are you currently on “lay-off” status or other leave of absence and subject to recall? YES NO
- Can you travel if a job requires it? YES NO
- Have you been convicted of a felony within the last 7 years? (*Conviction will not necessarily disqualify an applicant from employment.*) YES NO

If Yes, please explain:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin or disability.

Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
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Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving		

Please continue use a separate sheet of paper.

List Professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, national origin, age, ancestry or disability.)

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Specialized Skills: Check applicable items

<ul style="list-style-type: none"> • Computers • Calculator • Typewriter • Copiers • Fax machine • Telephone systems 	<ul style="list-style-type: none"> • Bookkeeping • Administration • Management/supervision • Marketing/sales • Public relations • Fund-raising 	<ul style="list-style-type: none"> • Teaching • Dietetics • Counseling • Medical • General maintenance
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Please list software programs with which you have worked:

Describe any specialized training, apprenticeship, skills and extra-curricular activities not included in the above list. Include a description of any job-related training received in the United States military.

Alpha Pregnancy Services, Inc. APPLICATION FOR INTERNSHIP - Continued

Please answer the following; use the back of this page if you need additional space:

Please comment as to why you desire to work for Alpha Pregnancy Services:

Please share a statement of your personal, Christian experience, focusing on your relationship with Christ:

Briefly share the history of your concern for the lives of children, including unborn children:

What do you know about our ministry, and how do you think you could assist us in the position for which you have applied?

If you agree with the attached doctrinal statement (which is a prerequisite for working with Alpha Pregnancy Services), please indicate such by signing at the bottom of the statement. Thank you!

State any additional information you feel may be helpful to us in considering your application

Church affiliation: _____

Address _____

Pastor _____ Phone _____

REFERENCES: Provide references by completing the attached forms. Include three (3) which can respond to your character and skills; one should be a church leader

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for internship as may be necessary in arriving at an internship decision.

This application shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for internship beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that any internship relationship with Alpha Pregnancy Services, Inc. is of an "*at will*" nature, which means that the intern may resign at any time and the employer may discharge intern at any time with or without cause. It is further understood that this "*at will*" internship relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Alpha Pregnancy Services, Inc.

In the event of internship, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations governing the ethical and moral values of Alpha Pregnancy Services, Inc.

Signature of Applicant _____ Date _____

**Alpha Pregnancy Services
Philadelphia, PA**

I do hereby declare that I personally accept the **Doctrinal Statement** of Alpha Pregnancy Services and **The Purposes** of Alpha Pregnancy Services as stated below:

1. The Doctrinal Statement of Alpha Pregnancy Services:

We believe the Bible to be the inerrant written Word of God and to be therefore the supreme standard of all life and belief. We receive all the doctrines set forth in the Apostles' Creed without mental reservation.

2. The Purposes of Alpha Pregnancy Services:

- A. To be a Christian outreach ministry both in word and deed, assisting local churches and presenting the Gospel of our Lord through a ministry of charitable helps to those involved with crisis pregnancies.*
- B. To provide clients with whatever forms of charitable support are necessary in order that mothers may bring their babies to term.*
- C. Through the provision of God's people and the community at large, to aid women who have decided to deliver their babies, to face the future and plan constructively for themselves and their babies.*
- D. To provide health education, personal counseling, and social services, including appropriate referrals to approved community services.*
- E. To never discriminate against a client on the basis of race, creed, color, national origin, age, gender, disability, or marital status.*
- F. To provide practical alternatives to abortion, and never to advise, provide, nor refer for abortion or abortifacients.*
- G. To provide accurate information regarding options in prenatal testing.*
- H. To encourage chastity and provide accurate information regarding contraception, within scriptural guidelines.*
- I. To create an awareness within the local community of the needs of pregnant women and girls, and that abortion only compounds human need rather than resolving it.*
- J. To offer assistance free of charge, through trained staff which includes volunteers, and to gain support through private donations.*

Signed: _____

(Date)

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Philadelphia, PA**

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Signed: _____

(Date)

YOUR COPY

The Apostles' Creed

I believe in God the Father Almighty, Maker of heaven and earth:

And in Jesus Christ his only Son, our Lord; who was conceived by the Holy Spirit, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, dead, and buried; he descended into hell; the third day he rose again from the dead; he ascended into heaven, and sitteth on the right hand of God the Father Almighty; from thence he shall come to judge the quick and the dead.

I believe in the Holy Spirit; the holy catholic (universal) Church; the communion of saints; the forgiveness of sins; the resurrection of the body; and the life everlasting. Amen.

Revised 1-98

INTERNSHIP REFERENCE FORM



APPLICANT'S NAME _____ POSITION APPLIED FOR Volunteer Coordinator
(please use the back of this sheet if you need additional space)

1. Please indicate your association with applicant.
2. What do you believe to be the outstanding qualities of this applicant?
3. Please indicate what weaknesses (or areas where improvement is needed) the applicant may have.
4. Please rate the applicant in the following areas:
(Place a check mark under the heading that is the most appropriate response)

	Highly Recommended	Recommended	Not Recommended
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Ability to be flexible

Ability to communicate

Freedom from bias or prejudice

Desire to learn and accept direction

Ability to be punctual

Information about the respondent:

Signature _____

Name _____
(please print)

Address _____

Phone number _____ Date _____

Thank you for your help with this process.

Please mail completed form to:
Alpha Pregnancy Services, Inc.
1601 Lombard Street, 2nd floor
Philadelphia, PA 19146

Or

e-mail completed form as an attachment to:
apss@alphapre.org

INTERNSHIP REFERENCE FORM



APPLICANT'S NAME _____ POSITION APPLIED FOR Summer Internship -
Volunteer Coordinator

(please use the back of this sheet if you need additional space)

1. Please indicate your association with applicant.
2. What do you believe to be the outstanding qualities of this applicant?
3. Please indicate what weaknesses (or areas where improvement is needed) the applicant may have.
4. Please rate the applicant in the following areas:
(Place a check mark under the heading that is the most appropriate response)

	Highly Recommended	Recommended	Not Recommended
Ability to be flexible			
Ability to communicate			
Freedom from bias or prejudice			
Desire to learn and accept direction			
Ability to be punctual			

Information about the respondent:

Signature _____

Name _____

(please print)

Address _____

Phone number _____ Date _____

Thank you for your help with this process.

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1601 Lombard Street, 2nd floor
Philadelphia, PA 19146

Or
e-mail completed form as an attachment to
aps@alphapre.org

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Volunteer Coordinator

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1. Please indicate your association with applicant.
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3. Please indicate what weaknesses (or areas where improvement is needed) the applicant may have.
4. Please rate the applicant in the following areas:
(Place a check mark under the heading that is the most appropriate response)

	Highly Recommended	Recommended	Not Recommended
Ability to be flexible			
Ability to communicate			
Freedom from bias or prejudice			
Desire to learn and accept direction			
Ability to be punctual			

Information about the respondent:

Signature _____

Name _____

(please print)

Address _____

Phone number _____ Date _____

Thank you for your help with this process.

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