



Kawartha Lakes Pregnancy Centre

241 Kent Street West, Lindsay ON K9V 2Z3 •Phone 705-878-8527•Fax 705-878-8576

Email: director@klpcentre.ca

Dear applicant,

Thank you for your interest in applying for the staff position of **Client Services Director**. In addition to submitting a resume we also require that you complete the attached Application for Employment. Completed applications and resumes should be submitted to Melanie Styles at director@klpcentre.ca by **July 16, 2020**.

At the end of the Application, there is a spot to sign off that you have read and agree with KLPC's Statement of Faith and Statement of Principles. These documents can be found on our website **klpcentre.ca** under the title: Pregnancy Care Canada's Core Documents. Please submit a signed copy of these documents with your application.

- Sanctity of Life Statement
- Statement of Faith
- Statement of Principles
- Ethics of Client Care
- Stewardship Policy
- Our Commitment of Care and Competence
- PCC Client Care Training Requirements

Lastly, in addition to the references that you would include in your resume, we require a specific reference form filled out by your pastor. This form can also be found on our website **klpcentre.ca** under the title: Pastoral Reference Form.

If you have any questions or concerns, feel free to contact me at director@klpcentre.ca or 705-878-8527.

Sincerely,

Melanie Styles

Melanie Styles, M.S.W.
Executive Director



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APPLICATION FOR EMPLOYMENT

Date: _____

Personal Contact Information

Name: _____ E-mail: _____

Home Address: _____

Mailing Address (if different from above): _____

Home Phone #: _____ Cell Phone #: _____

Education

School: _____

Program of Study: _____ Year of Completion: _____

Knowledge of KLPC

How did you hear about us? _____

Briefly explain what you know about the services we provide: _____

Briefly explain why you are interested in this position: _____

Christian Background and Church Involvement

What is a Christian? _____

Do you consider yourself a Christian? ☐Yes ☐No

If yes, please explain when and how you became a Christian: _____

How has your life changed since becoming a Christian: _____

Name of Church you regularly attend: _____

Address: _____ Phone: _____

Pastor: _____ Attended since: _____

Please describe in what ways you are involved with this church: _____

Personal Strengths

What are your personal strengths? _____

What areas are you striving to grow in? _____

Please list any training, education, or experiences you feel would benefit you in this position: _____

Pregnancy Options Knowledge and Experience

When do you feel sexual intercourse is morally permissible? _____

What are your feelings on birth control and teenagers or adults who are single and sexually active? _____

Have you ever faced an unplanned pregnancy? ☐Yes ☐No If yes, please briefly share about the experience: _____

Have you or someone you loved placed a baby for adoption? ☐Yes ☐No If yes, please briefly share about the experience: _____

Have you or someone you loved had an abortion? ☐Yes ☐No If yes, please briefly share about the experience: _____

How do you feel about a single woman parenting her baby? _____

Under what circumstances would you consider abortion an alternative for a woman facing a crisis pregnancy?

☐Never an option ☐Rape ☐Incest ☐Severe psychological stress ☐Other: _____

Personal Adoption Knowledge: In this section, please make a general evaluation of your knowledge in the following areas:

❖Knowledge of various adoption options (open, closed, etc.):

☐ Excellent ☐ Good ☐ Fair ☐ Poor

❖Knowledge of existing laws regulating adoption:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

❖Knowledge of what the Bible teaches (directly/ indirectly about adoption):

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Have you had any traumatic experiences related to adoption? ☐ Yes ☐ No If yes, please briefly explain: _____

Do you or any close family member want to adopt a child now, or in the future?

Personal Abortion knowledge: In this section, please make a general evaluation of your knowledge in the following areas:

❖Knowledge of how abortions are performed:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

❖Knowledge of the existing laws regulating abortion:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Abuse Prevention Policy

In accordance with our Abuse Prevention Policy, the following questions are considered necessary as part of our application process. Answering “yes” will not necessarily preclude your consideration for employment; however, a meeting will be arranged to discuss the circumstances.

If any of the following circumstances apply to you, please check here.

Have you been convicted of a criminal offence involving children? _____

Have you been treated for alcohol or substance abuse? _____

Are you in treatment for any form of mental illness? _____

Do you have a communicable disease? _____

Did you experience abuse as a child? _____

Applicant's Statement and Agreement

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize the pregnancy centre to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy centre and any persons or entity providing such reference information from any and all liability relating to any decision made based upon such information. I also agree to obtain a personal Police Records Check for the purpose of my protection against any false allegations and for the protection of those I serve. Such documentation and consent is given with the understanding that the results will be kept in confidence.

If I am employed or volunteer at the pregnancy centre, I agree to fully adhere to its policies and rules, including those relating to maintaining client confidentiality.

I further certify that I have read and that I agree with the pregnancy centre's Statement of Faith and Statement of Principles.

Signature of applicant _____

Date _____

Witness _____