

## COBB PREGNANCY SERVICES

# STATEMENT OF FAITH

### We believe:

~ the Bible to be the inspired, the only infallible, authoritative Word of God.

~that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.

~in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

~that the salvation of the lost and sinful man, regeneration by the Holy Spirit, is absolutely essential and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.

~that all true believers endure to the end. Those whom God has accepted in Christ, and sanctified by His Spirit, will never fall away from the state of grace, but shall persevere to the end. Believers may fall into sin through neglect and temptation, whereby they grieve the Spirit, impair their graces and comforts, and bring reproach on the cause of Christ and temporal judgments on themselves; yet they shall be renewed again unto repentance, and kept by the power of God through faith unto salvation.

~in the present ministry of the Holy Spirit by whose in-dwelling the Christian is enabled to live a godly life, to perform good works and to endure faithfully to the end.

~in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation.

~in the spiritual unity of believers in our Lord, Jesus Christ.

I, \_\_\_\_\_ agree with the above Statement of Faith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

THE INFORMATION PROVIDED BY THE APPLICANT IS CONFIDENTIAL AND WILL BE SHARED BETWEEN THE CPS REPRESENTATIVE WHO CONDUCTS THE INTERVIEW AND THE APPLICANT. APPLICATIONS ARE PLACED IN A PERSONNEL FILE AND SECURED.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact: Home \_\_\_\_\_ Cellphone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: M S Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Children's Names and Ages \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Previous Volunteer Experience (if any) \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself a Christian Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

What is a Christian? \_\_\_\_\_

\_\_\_\_\_

**Please provide the following information about your local church**

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

How long have you been a member? \_\_\_\_\_. If less than 2 years, please provide the name and phone number of your previous church \_\_\_\_\_

Will your church support you in your decision to serve in pro-life ministry?

**Please provide the names of 3 members of your church that may be called as a referral i.e. ministry Team, Sunday School teacher, group leaders, deacons, women's ministry coordinator:**

Name \_\_\_\_\_ Position in Church \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Position in Church \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Position in Church \_\_\_\_\_ Phone \_\_\_\_\_

What positions and/or services have you held or been involved in within your church?

---

**Please provide the following information about yourself:**

Extent of formal education \_\_\_\_\_ Area of Study \_\_\_\_\_

List your special gifts or talents \_\_\_\_\_

Please list any studies, seminars, literature, or videos that you have received regarding abortion or other life issues:

---

---

**Cobb Pregnancy is a pro-life ministry that offers positive alternatives to abortion. Women and men who have had a personal abortion experience in their past are valuable in counseling because they can say they understand how an abortion minded woman feels. Knowing your abortion history helps us to know where God can use you best but also allows us to minister to you through the Post-Abortion Support Group.**

Have you ever had an abortion? \_\_\_\_\_ If yes, did you receive counseling? \_\_\_\_\_

Have you ever counseled a woman who was considering abortion? \_\_\_\_\_. If yes, can you describe the experience?

---

Briefly state why you are interested in volunteering at Cobb Pregnancy Services. \_\_\_\_\_

---

How does your spouse/family feel about this involvement? \_\_\_\_\_

What are your personal strengths? \_\_\_\_\_

What are your personal weaknesses? \_\_\_\_\_

**Please provide the names and phone numbers of 2 people that we may call as a reference:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Under what circumstances would you consider abortion as an alternative for a woman in crisis due to an unexpected pregnancy?**

\_\_\_\_ Rape/Incest    \_\_\_\_ Severe psychological stress    \_\_\_\_ Health    \_\_\_\_ Never an option    \_\_\_\_ Other

How would you evaluate your knowledge of the following areas as they relate to abortion?

Knowledge of abortion procedure      \_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

Knowledge of abortion law                \_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

Knowledge of Bible teachings  
Regarding abortion (directly or indirectly)      \_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

**Please describe your personal testimony**

**Please return application to:**

**Cobb Pregnancy Services  
47 Gramling Street  
Marietta, Georgia 30008**

**When your application has been received, a representative of Cobb Pregnancy Services will contact you to arrange an interview**

**Thank you for your interest in Cobb Pregnancy Services!**

