

Board of Directors Application

Name:		Phone (<i>Day</i>): Click here to enter text.	
Address: Click here to enter text.		Phone (<i>Evening</i>): Click here to enter text.	
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.	Age: Click here to enter text.
Marital Status: Click here to enter text.		Occupation: Click here to enter text.	
How did you first become aware of the Savannah Care Center? Click here to enter text.			
Briefly state what makes you interested in working with the Savannah Care Center? Click here to enter text.			
Have you attended a Savannah Care Center Volunteer Training Seminar? If yes, when? Click here to enter text.		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If no, are you willing to commit to attend such a seminar? Click here to enter text.		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4.) Describe both, current and past positions held or services performed for other non-profit organizations or ministries: Click here to enter text.			
5.) What gifts, talents, experience, or personality traits would you bring to this ministry? Click here to enter text.			
6.) Have you ever been on the board of directors of a non-profit organization? If yes, please describe: Click here to enter text.		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
7.) How do you handle conflict with others? Click here to enter text.			
8.) How many hours per month are you willing and able to devote to the Savannah Care Center? Click here to enter text.			
9.) A normal term in office is three (3) years. Are you able to commit yourself to this amount of time to serve on the Board of Directors? Click here to enter text.			
General Information			
In this section please make a general evaluation of your knowledge in the follow areas:			
Knowledge of how abortions are performed, and methods used. <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor			

Knowledge of existing laws regulating abortion. <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor		
Knowledge of Biblical teaching on the sanctity of human life. <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor		
Under what circumstances, if any, is abortion justifiable in your opinion? Explain? Click here to enter text. _____		
What questions do you have concerning abortion and/or the sanctity of human life? Click here to enter text. _____		
When do you feel sexual intercourse is morally permissible? Explain? Click here to enter text. _____		
Are you currently seeking to adopt a child? Click here to enter text. _____	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Statement of Faith</p> <ul style="list-style-type: none"> • We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit • We believe 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. • We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is essential and that this salvation is received through faith alone in Jesus Christ as Savior and Lord and not because of good works. • We believe in the present ministry of the Holy Spirit by who's indwelling the Christian is enabled to live a godly life and to perform good works. • We believe in the resurrection of the dead, that they are either saved to eternal life or lost to eternal damnation. • We believe the Bible to be the inspired, infallible, and authoritative Word of God. • We believe in the Spiritual unity of believers in our Lord Jesus Christ. </div>		
Are you uncomfortable with any aspect of the Savannah Care Center's Statement of Faith, Code of Christian Conduct or Core Values? Explain? _____		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
To the extent of your current knowledge of The Savannah Care Center, what is your vision for the ministry? Click here to enter text. _____		
Background Information		
Do you consider yourself a Christian? Click here to enter text. _____	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
What is a Christian? Click here to enter text. _____		


Pregnancy Resource
SAVANNAH CARE CENTER
Affirming life

<p>How long have you been a Christian? Click here to enter text.</p>		
<p>Give a brief statement about how you came to know Christ as your personal Saviour and Lord. Click here to enter text.</p>		
<p>How has your life changed since your personal relationship with Jesus Christ began? Click here to enter text.</p>		
<p>Please provide the following information about your church?</p>		
<p>Church Name: Click here to enter text.</p>	<p>Church Phone: Click here to enter text.</p>	
<p>Church Address: Click here to enter text.</p>		
<p>Senior Pastor's Name: Click here to enter text.</p>		
<p>Denominational ties, If any Click here to enter text.</p>		
<p>How long have you been involved in your church? Click here to enter text.</p>		
<p>Are you currently involved in a Bible study? Click here to enter text. If yes, how long? Click here to enter text.</p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input type="checkbox"/></p>
<p>Describe positions you have held or services performed with the church. Click here to enter text.</p>		
<p>References</p>		
<p>Please list the names and addresses of two (2) people, other than your pastor, whom we may contact for references for becoming a board member of The Savannah Care Center.</p>		
<p>Name: Click here to enter text.</p>	<p>Phone: Click here to enter text.</p>	
<p>Address: Click here to enter text.</p>		
<p>City: Click here to enter text.</p>	<p>State: Click here to enter text.</p>	<p>Zip: Click here to enter text.</p>
<p>Name: Click here to enter text.</p>	<p>Phone: Click here to enter text.</p>	
<p>Address: Click here to enter text.</p>		
<p>City: Click here to enter text.</p>	<p>State: Click here to enter text.</p>	<p>Zip: Click here to enter text.</p>
<p>In case of an emergency while serving at the Savannah Care Center, whom should we contact?</p>		
<p>Name: Click here to enter text.</p>	<p>Phone: Click here to enter text.</p>	
<p>Address: Click here to enter text.</p>		
<p>City: Click here to enter text.</p>	<p>State: Click here to enter text.</p>	<p>Zip: Click here to enter text.</p>
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