



**Our Mission:** *Empowering women and families to make informed decisions about their pregnancies by providing free medical services and support in a non-judgmental, confidential environment.*

**Our Vision:** *To be the community's most trusted source of pregnancy education and support, where God's love for life and families is embraced and nurtured.*

The Sunrise Pregnancy Resource Center, Inc. is a life affirming, Christian organization. We are non-profit, operating under 501c3 status since October 2009. Beginning July 2012, we changed our operation name to Sunrise Women's Clinic. As a medical clinic operating under the guidance of Dr. Lescek Jaszczak, we offer pregnancy tests and limited obstetrical ultrasound to verify viable pregnancy.

We are affiliated with Heartbeat International and the National Institute of Family and Life Advocates. The Board of Directors began in January 2010, hiring an Executive Director in March and opening to serve clients in June 2010.

#### Board of Directors 2019

Michael McCollum, Chairman  
Nicki Beyer, Treasurer/Secretary  
Sandra Flynn  
Richard Evans  
Dena Lake

Lana Schumacker, Vice Chairman  
Diana O'Connor  
Larry Bawden  
Kelly Hoff





Sunrise Women's Clinic
116 3rd Ave NW PO Box 1086
Sidney MT 59270
406 433-7772

Volunteer Staff Application

Name: (First) (Last) (Middle Initial) (Maiden Name)

Address: (Number & Street) (City) (State) (Zip Code)

Former Address: (Number & Street) (City) (State) (Zip Code)

Home Phone #: Cell Phone #:

E-mail address: Date of Birth: / /

Social Security Number - - Driver's License #

Former/Other Name(s) (AKAs Etc)

Education

High School: Number of years completed (circle one) 1 2 3 4 Diploma: Yes No
G.E.D.: Yes No

School name

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5 6 7

School

Degree earned Dates

Describe other training or degrees/certifications

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5 6 7

School

Degree earned Dates

Describe other training or degrees/certifications

**Volunteer Experience** List most recent volunteer experience first

Organization \_\_\_\_\_ Date of volunteer service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

Organization \_\_\_\_\_ Date of volunteer service: from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

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**Employment History** (list most recent first)

**May we contact this employer for reference? Y N**

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

**May we contact this employer for reference? Y N**

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor name \_\_\_\_\_

**Additional Information**

1. What is your reason for seeking employment here? \_\_\_\_\_

\_\_\_\_\_

2. Have you read, and do you agree with the attached Sunrise Women's Clinic's Mission and Vision statement, Commitment of Care and Competence, and Statement of Faith? \_\_\_ Yes \_\_\_ No

3. What special skills, talents, gifts, or personality traits would you bring to this ministry?

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4. What do you consider to be your possible areas of weakness?

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5. Are there any particular personality types with whom you have difficulty working?

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**References**

Please list persons who are not related to you and who have known you for at least two years, including your pastor. We will be contacting them for reference.

Name	Address	Phone #	Years acquainted	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge, and I authorize Sunrise Women's Clinic to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Sunrise Pregnancy Resource Center, Inc /Sunrise Women's Clinic and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to SWC to conduct a criminal background check to the extent that my duties may involve direct interaction with minors. If I am employed by SWC, I agree to fully adhere to its policies and rules, including those rules relating to maintaining patient confidentiality. I further certify that I have read and that I am in full agreement with SWC's Statement of Faith and Commitment of Care and Competence.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_





## **CONSUMER DISCLOSURE AND AUTHORIZATION FORM**

### **Disclosure Regarding Background Investigation**

**Sunrise Pregnancy Resource Center, Inc, DBA Sunrise Women's Clinic** (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No.\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Prior Addresses \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Driver's License # \_\_\_\_\_

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

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.



## **Our Commitment of Care and Competence**

*From our affiliates Heartbeat International and National Institute of Family and Life Advocates  
Language approved by the National Leadership Alliance of Pregnancy Care Services—March 2009*

- Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- Clients are treated with kindness, compassion and in a caring manner.
- Clients always receive honest and open answers.
- Client pregnancy tests are distributed and administered in accordance with all applicable laws.
- Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
- All of our advertising and communication are truthful and honest and accurately describe the services we offer.
- We provide a safe environment by screening all volunteers and staff interacting with clients.
- We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
- We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
- Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
- All of our staff, board members, and volunteers receive appropriate training to uphold these standards.



## Statement of Faith

1. We believe in one God eternally existing in three persons: Father, Son, and Holy Spirit.

Deut 6:4      Matt 3:16-17      Matt 28:19

2. We believe in God the Father, whose creation reveals His unparalleled power and whose love extends to every person even before each is born.

Gen 1:1      Rom 1:19-20      Jeremiah 1:5      Psalm 139:13

3. We believe in the deity of Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death on the cross in our place, in His bodily resurrection, in His ascension to the right hand of the Father, and in His future personal return in power and glory.

Matt 1:23      Phil 2:5-11      John 14:1-6      1 Thess 4:13-18

4. We believe that human beings are created in God's image, but because of human sin against God, that image was defaced and fellowship with God was broken.

Gen 1:27      Rom 1:28-32      Rom 3:10-12      Rom 3:23      Gal 3:22

5. We believe that God has demonstrated His love for lost and sinful humanity, in that while we were sinners, Christ died for us. We believe that the Holy Spirit convicts us of sin and leads us to experience God's salvation through faith in Jesus Christ as Savior and Lord who alone reconciles us to God and who is restoring God's image in us.

Rom 5:8      John 14:15-18      John 16:13      1 Cor 6:19-20      Acts 4:12      Titus 3:4-8

6. We believe in the ongoing ministry of the Holy Spirit, who empowers us to live godly lives, to express our personal faith in good works, and gifts us to minister to one another.

1 Cor 6:19-20      1 Cor 12:4-7      2 Cor 3:17-18      Gal 5:16      Gal 5:22-23

7. We believe in life after death of both the saved and the lost; the saved to dwell in God's presence forever, and the lost to exist without God.

Matt 25:40      Matt 25:44-46      2 Thess 1:8-9

8. We believe that the Bible is the inspired, infallible, and uniquely authoritative Word of God, and our guide in life and faith.

2 Tim 3:16-17      Rom 15:4      Heb 4:12      2 Peter 1:20-21

9. We believe in the Body of Christ, which consists of all believers, bound together in spiritual unity and sent to accomplish Christ's mission in the world.

1 Cor 12:4-7      Matt 28:18-20

Further, all people serving in any capacity with the Sunrise Pregnancy Resource Center, Inc. (SPRC) DBA Sunrise Women's Clinic (SWC) specifically affirm their belief that the Christian faith is necessarily life affirming, that human life is a holy gift from God which begins at conception, that Christians are called to support life from conception to natural death, and that human sexuality is intended by God to be exercised only in a lifelong marriage between one man and one woman.

Finally, relying on the forgiving love of Christ, all people serving in any capacity with the SWC seek to live in keeping with the Christian faith, and in particular to live out the life affirming values of the Sunrise Pregnancy Resource Center, Inc., DBA Sunrise Women's Clinic.