



# LIFE AMBASSADOR APPLICATION

*"Whatever you do, work at it with all your heart...since you know that you will receive an inheritance from the Lord as a reward." Colossians 3:23-24*

All information will be kept confidential.

**(Please Print)**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone (C) \_\_\_\_\_

Email: \_\_\_\_\_

Phone (H) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you over the age of 18?  Yes  No Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Number of years married: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you willing to receive text messages from Spero?  Yes  No

**EDUCATION** Highest level of schooling completed:  High School  College (# of years: \_\_\_\_\_)

Degree/School Name/Location: \_\_\_\_\_

List any special training or professional skills that would benefit your work at SPERO: \_\_\_\_\_

How did you first hear about us?  Church  Billboard  Radio  Friend  Other: \_\_\_\_\_

### EMPLOYMENT

Do you work:  No  part time  full time outside the home? Company Name: \_\_\_\_\_

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

City & Phone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### AREAS OF INTEREST: Check all that apply

OFFICE/ADMINISTRATIVE	CLIENT SERVICES	OTHER
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Abstinence Education	<input type="checkbox"/> Church Liaison
<input type="checkbox"/> Mailings	<input type="checkbox"/> Medical/Nurse (licensed in Michigan)	<input type="checkbox"/> IT Support
<input type="checkbox"/> Computer/Data Entry	<input type="checkbox"/> After-Abortion Healing Group	<input type="checkbox"/> Fundraising Event Support
<input type="checkbox"/> Graphic Design/Marketing	<input type="checkbox"/> Class Instructor	<input type="checkbox"/> Cleaning, Maintenance, Housekeeping
<input type="checkbox"/> Social Media (Facebook, Twitter, Etc.)	<input type="checkbox"/> Boutique Personal Shopper/Organizer	<input type="checkbox"/> Public Speaking

**SPERO Use**

**DOCUMENTS RECEIVED:**

Resume  Reference Checks

Interview Record  Background Checks

1211 Griswold Street • Port Huron, MI 48060-5745 •

**STATEMENT OF CONFIDENTIALITY  
MAINTAINING CONFIDENTIALITY IN THE WORKPLACE**

In the course of your duties you will be obtaining information, which is strictly confidential. This information may include, but will not be limited to: Client Sexual and Medical History (STD's, etc.), etc. or Spero Donor or Staff information. In order to work at this center, you must agree to maintain the confidentiality of all information with which you will come into contact. For the protection of the clients and families that we serve, all information received by this center cannot be discussed outside the confines of the clinic or meeting rooms. Please read the following information and sign the statement at the bottom. Each staff person (paid employee or unpaid volunteer) is required to sign a confidentiality agreement.

**GUIDELINES**

1. Discussion about clients should only be as necessary for care and client first names only should be used.
2. Access to client charts should be only as needed to care for clients and only by approved staff.
3. Clients should not be discussed in the hallway or other area where the conversation could be overheard by another client, visitor or other unauthorized person.
4. Identifying information about clients should not be discussed with other clients, your family, friends, or former staff in a public or even in the privacy of a secluded area.
5. Client charts should not be left where they can be seen by unauthorized people, nor should they leave the office for any reason. Computer Screens and Appointment Books must be shielded from view.
6. No identifying information is to be released to anyone over the telephone, even the client.
7. No information is to be given out regarding client appointment times/dates, names, etc. over the telephone.
8. When a client is a neighbor or friend, be very careful not to reveal information to mutual friends.
9. Relating client information discussed in staff meetings to client or client's family members or another person not needing the information is prohibited.
10. Talking with a coworker, client, or others about another staff person in a critical way or revealing information about one's performance to others damages the ministry and is prohibited.
11. No information about any client, staff or donor should be revealed to reporters, press, or news media.
12. Client and staff phone numbers are never to be given out except to other staff members as needed.
13. Releases of Information should be completed only by the Nurse, or Executive Director. (These examples are not all inclusive. If you are uncertain about whether you would be breaching this confidentiality policy, discuss it with the Executive Director.)

By signing this Statement of Confidentiality, the staff agrees to: **(i)** hold any and all client or Spero related information in strict confidence, **(ii)** not disclose client or Spero related information to any third parties except as authorized according to State and Federal law, and **(iii)** not use any client or Spero related information in a manner other than as required in connection to participation with Spero.

The signature below attests to the fact that client & BWPCC confidentiality will be a consideration in all actions taken on behalf of the above licensed Participating Provider.

*I am aware of my ethical and legal obligation to act in accordance with all Federal and State laws regarding confidentiality. BWPCC has explained these to me, I have had a chance to ask questions, and I am aware that I may be held personally liable for any violation of these.*

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spero Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_