

Application for Client Services Advocate (CSA)

This application is the proprietary property of Assurance for Life and is intended solely for individuals actively seeking employment for the Client Services Advocate (CSA) position. It is to be used exclusively for the purpose of assessing suitability for this specific role. Any reproduction, distribution, or use of this document for purposes other than applying for this position is strictly prohibited. Unauthorized sharing with individuals or organizations not engaged in the hiring process may constitute a breach of confidentiality and will be subject to appropriate action.

Personal Information

Name:

DOB:

Daytime Phone:

Address:

City:

State:

Zip:

Email Address:

Short Answer Questions

1. Please explain your interest in assuming the CSA position at Assurance.
2. Training in specific best practices will be provided, but describe your general approach in counseling a woman considering abortion.

3. Identify any current or past roles or services performed for Assurance or another pregnancy center.

4. Describe any roles, experiences, or services you have had that could relate in helping people who are experiencing crisis.

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

6. How would you assess your knowledge of biblical teaching on the sanctity of human life?

7. Under what circumstance, if any, is abortion justifiable in your opinion? Explain.

8. How do you feel toward women and men who have had past abortions?

9. How would you personally and emotionally handle a situation in which a client that you are actively working with chooses to move forward with an abortion?

10. When do you believe sexual intercourse is morally permissible? Explain.

11. Are you uncomfortable with any aspect of the Center's [Statement of Faith or Statement of Principle](#)? ☐ Yes ☐ No

If yes, please explain:

12. What is a Christian?

13. Give a brief statement on how you came to know Christ as your Lord and Savior.

14. How has your life changed since coming to know Christ?

15. How would your faith influence your work at Assurance?

Proficiencies

16. Are you fluent in another language besides English? ☐ Yes ☐ No

If yes, please list the language(s):

17. If you are bilingual, how do you maintain your language skills and stay up-to-date with vocabulary and usage changes?

18. If you are bilingual, are you comfortable working across different communication modes (text, email, phone)? ☐ Yes ☐ No

19. Do you have a basic use of technology (ability to use a computer, text, email, etc.)

☐ Yes ☐ No

20. What other proficiencies and professional skills do you believe add to your role or to the work and/mission of Assurance? ☐ Yes ☐ No – Please list and describe.

21. How would you describe your learning style and personality type?

Church Involvement

Church Name:

Phone:

Address:

Senior Pastor:

Denominational Ties (if any):

How is God using you in your current church?

How would you characterize your spiritual life?

Availability

Are there times you are unavailable during current clinic hours? (Mon & Tue 9–5 or 12-8, and Wed & Thu 9–5, Fri 9–3) ☐ Yes ☐ No

If yes, list unavailable times:

Are you interested in: ☐ Full-time ☐ Part-time

If interested in part time, are you also interested in possibilities to go full time? ☐ Yes ☐ No

What is your desired start date?

References

Please provide your pastor's contact and at least one professional and one character reference.

1. Name: _____ | Relationship: _____

Phone: _____ | Email: _____

2. Name: _____ | Relationship: _____

Phone: _____ | Email: _____

3. Name: _____ | Relationship: _____

Phone: _____ | Email: _____

Certification and Agreement

I certify that the information provided is true and complete to the best of my knowledge. I authorize Assurance for Life to verify the information and obtain references. I also understand and agree to the conditions outlined in the application regarding employment at-will, background checks, and alignment with the organization's beliefs as represented in our statements of faith and principle.

Signature of Applicant: _____

Date: _____

Please submit all applications digitally to heather@assurancecare.org