

WOMEN'S CARE

P.O. Box 1610
Robertsdale, Alabama 36567



MEDICAL CENTER

251.947.2111
www.womenscaremedicalcenter.org

Volunteer Position:

Date: _____

- Patient Advocate
- Sexual Risk Avoidance Educator
- Men's Ministry- Male Advocate
- Nurse
- Church Liaison

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Email address _____

Date of Birth: _____ Age: _____ Marital Status: _____

Occupation and Employer: _____

Spouse's Name: _____

Spouse's Occupation and Employer: _____

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, please explain:

(Background check conducted by WCMC)

Mission Statement

Women's Care Medical Center is a Christian organization seeking to empower men and women to make life affirming decisions.

Core Values

- **Excellence**
We will operate in a culture of excellence and controlled professionalism in all we do and say.
- **Relevance**
We will remain relevant to our culture in light of our mission and vision.
- **Confidential, Compassionate Care**
We will maintain confidentiality at all times and treat every patient with compassion, love and truth.
- **Fighting Spirit**
By God's grace, we will not quit, even in times of difficulty.

Women's Care Medical Center Statement of Faith

1. We believe the Holy Bible to be the only infallible, inspired authoritative Word of God.
II Timothy 3:15-16, II Peter 1:20-21
2. We believe in God eternally existing in three Persons: Father, Son and Holy Spirit.
I John 5:7-8, Deuteronomy 6:4-5, Matthew 28:19, II Corinthians 13:14
3. We believe that Jesus Christ is the only begotten Son of God, conceived by the Holy Spirit, born of the Virgin Mary, and is true God and true man. *John 1:1-14, Luke 1:34-35, I John 4:9*
4. We believe that mankind was created in the image of God; that mankind sinned and thereby incurred not only physical death, but also spiritual death, which is separation from God; and that all human beings are born with a sinful nature. *Genesis 1:26, Romans 5:12, Ephesians 2:1*
5. We believe that the Lord Jesus Christ died for our sins according to the Scriptures as a representative, substitutionary and complete sacrifice; and that all who believe in Him are justified on the ground of His shed blood. *Romans 5:8, Galatians 1:4*
6. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that the salvation is received by grace through faith in Jesus Christ as Savior and Lord and not as a result of good works. *Titus 3:5, Ephesians 2:8-9*
7. We believe in the physical resurrection of the crucified body of Jesus Christ, in His ascension into heaven, and His present life there for us as our High Priest and Advocate.
Hebrews 1:3, 4:15-16, I John 2:1
8. We believe in the personal, visible and second coming of our Lord Jesus Christ, at a time unknown to us, but for which we are watching joyfully. *I Corinthians 15:51, I Thessalonians 4:13-18*
9. We believe that the believer should be a vessel sanctified, meet (fitting or proper) for the master's use. *II Timothy 2:21, I Thessalonians 4:3*
10. We believe in the great commission which our Lord has given to His church to evangelize the world, and that this evangelization is the great mission of the church. Furthermore, we believe it our Christian duty to witness by word and deed to these truths. *Matthew 28:19-20, II Corinthians 5:11*
11. We believe in the bodily resurrection of the just and the unjust, the everlasting conscious punishment of the lost, and the everlasting blessedness of the saved.
John 6:40, Acts 24:15, II Corinthians 4:14
12. We believe in the spiritual unity of believers in our Lord Jesus Christ. *Ephesians 4:13, Romans 12:5*

Abortion

1. We believe that human life begins at conception. Every human being, being created in the image and likeness of God Himself, is a unique, immeasurable precious person whose life deserves protection, care and respect. The biblical teaching regarding the sanctity of human life requires Christians to oppose the evils of abortion (both chemical and surgical), infanticide, euthanasia and other forms of violence and injustice against the defenseless and innocent. *WCMC does not perform, recommend, nor refer for abortion.*
2. It is our position that every abortion claims an innocent life.
3. We are painfully aware of the trauma surrounding pregnancies related to rape, incest, deformities of the developing child, and/or health risks to the mother. We exist, in part, to provide helpful information in such cases, but we do not find abortion to be either effective or morally acceptable as a method of reducing such trauma.
4. In those extremely rare cases where continued pregnancy is reasonably expected to precipitate the mother’s immediate and literal death, we have been able to discover no clear biblical principles absolutely prescribing or recommending the act of abortion. In such cases, we encourage the parties involved to prayerfully consider the gravity of their decision and the merit of available alternatives. Furthermore, we commit ourselves to respect the decision of the parents and to provide whatever support is possible.

Birth Control

1. For far too long, “sex education” in our schools has concentrated on birth control instead of self-control. We believe that, so long as people engage in sexual relationships outside of marriage, there will continue to be great numbers of unplanned pregnancies, sexually transmitted diseases and broken lives.
2. WCMC is working to reach young adults with the truthful message that sex can only be safe and loving within the context of a permanent, marital relationship.
3. WCMC does not provide patients with or refer them for birth control.

If you have variance or questions concerning any part of these positional statements, please state them below.

I have read Women’s Care Medical Center’s Statement of Faith and am in total agreement.

Signature _____ Date _____

General Information

How when did you first become aware of Women's Care Medical Center?

What special gifts, talents or personality traits do you bring to this ministry?

What are your strengths and possible areas of weaknesses?

Please write a brief statement about how your faith would affect your volunteer work at this center.

Does your family support you in this ministry? Yes No

How is your general health? Good Fair Poor

Field of working experience:

What is your educational background?

(List any special training, Biblical studies or educational experiences.)

Spiritual Life

Women's Care Medical Center is a Christian Pro Life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community.

What church do you attend? _____

Denomination: _____ Pastor's Name: _____

Church Address: _____ Phone: _____

How long have you been involved at your church? _____

Do you consider yourself a Christian? _____ For how long? _____

Please give a brief statement (testimony) about how you came to know Christ as your personal Lord and Savior.

What are the moral absolutes from which you live?

Do you have a daily devotion time? _____

If yes, please describe: _____

What role does the Bible serve in your life?

Have you ever been trained in personal evangelism? _____

Have you ever personally led someone to Christ? ____ Yes ____ No

In what areas of Christian ministry have you recently served?

When do you feel sexual intercourse is permissible?

What are your feelings regarding birth control and teenagers or adults who are single and sexually active?

Have you ever counseled anyone concerning abortion? ____ Yes ____ No

If yes, please describe: _____

How do you feel about a single woman parenting her baby?

How do you feel about a woman placing her baby for adoption?

What do you feel is the father's role in an unmarried relationship with pregnancy?

Under what circumstances, if any, would you consider abortion as an alternative for a woman with a crisis pregnancy?

- () Never an option () Life of the mother
() In cases of rape/incest () In cases of extreme psychological stress
() Where there is evidence that the child may be born handicapped in some way
() Other, please explain. _____

Ministry Data

We realize that the following information is very personal and intimate. However, it is vital due to the personal and intimate nature of our ministry. We wish to assure you that all information will be held in strictest confidence. Your truthful response will be honored and appreciated.

Have you ever had an abortion(s)? _____ Yes _____ No If yes, How Many _____

Paid for an abortion? __Yes __No Influenced someone to have an abortion? __Yes __No

Had child aborted? _____Yes _____No Had a grandchild aborted? _____Yes _____No

Have you experienced any physical or sexual abuse? _____Yes _____No

If yes, please explain: _____

Are you currently seeking to adopt a child? _____Yes _____No

Have you ever personally experienced a "broken home"? _____Yes _____No

If yes, please explain: _____

Have you ever received counseling to deal with any of the previous issues? __Yes __No

If yes, please explain: _____

Commitment to Service

___Yes ___No Do you understand that each area of service with Women's Care Medical Center requires training unique to that particular area and are you willing to fully commit to that training?

___Yes ___No If selected as a volunteer, are you willing to consistently give Women's Care Medical Center a priority commitment, scheduling your non-emergency activities around your pre-scheduled Women's Care Medical Center calendar?

___Yes ___No Are you willing to make continuing training meetings, in your area of service, a priority and attend a maximum of 4 per year?

___Yes ___No Are you currently or will you be in the near future seeking employment or foresee family obligations which may interfere with your volunteering at Women's Care Medical Center?

___Yes ___No Are you willing to promote and inform your church and friends about the ministries of Women's Care Medical Center and its needs and ministry opportunities, as well as opportunities to support the Center?

Please read the following guiding principles of Women's Care Medical Center.

- WCMC will uphold the laws of God and the gospel of the Lord Jesus Christ in words as well as in deed.
- WCMC will seek to meet the physical, emotional, moral, social and spiritual needs of the woman facing a crisis (problem) pregnancy, and others who come to us seeking help.
- WCMC will not discriminate regarding race, religion, creed, color, national origin, age or marital status.
- WCMC will not advise, provide nor refer for abortions or abortifacients.
- WCMC will seek to secure practical solutions by arranging medical, legal and all manner or social services.
- WCMC will seek to develop Christian values in love, marriage, sex and the family.
- WCMC will provide for the personal privacy of each person seeking help from our organization.
- WCMC will seek to lead each person to a personal relationship with Jesus Christ.
- WCMC will not assess any fees for services rendered.

I have read the guiding principles of Women's Care Medical Center and agree to uphold.

Signature _____ Date _____

References

Involvement with WCMC requires two references, one from your current pastor and one from a person (non-family member) who knows you well and for longer than a year. *You are responsible* for getting the Reference Forms located at the end of this application to the people who will complete the forms on your behalf. Please ask them to return the reference forms by mail or email directly to WCMC as soon as possible.

To ensure your confidentiality please return your application in a sealed envelope to:

Women’s Care Medical Center P.O. Box 1610 Robertsdale Al 36567 or email to:
Sue.Leavins@WomensCareMedicalCenter.org

You will be contacted as soon as your application is processed. Thank you for your concern for life and interest in Women’s Care Medical Center.

FOR OFFICE USE ONLY

Date of interview: _____ Date Began _____ Date left Center _____

Comments and Notes: _____



Pastoral Reference

Applicant's Name: _____ Date _____

The Individual named above, has applied for a staff or volunteer position with Women's Care Medical Center. We would appreciate a confidential statement from you concerning the applicant's conformity to the qualities listed below and their expected ability to carry out their duties for Women's Care Medical Center. Please include how long and in what capacity you have known the applicant.

Please Note: As part of our application process, after receiving this reference form from you, a Women's Care Medical Center staff person may be contacting you to discuss the applicant's involvement with the ministry.

Desired Qualities: As part of Women's Care Medical Center, the applicant will work for or with women and men who may be facing the decisions of an unplanned pregnancy. Some the of the qualities desired in staff and volunteer are:

- A genuine commitment to Jesus Christ as Savior and Lord of their life.
- A willingness to give of themselves with compassion to the women and men they serve.
- Dependability and responsibility to perform their role and activities with excellence.
- An ability to uphold their commitments to Women's Care Medical Center Policies.

Your comments concerning the applicant's conformity to the qualities listed above.

Please check the best rating for the areas listed.

	Below Average	Average	Above Average
Dependability	_____	_____	_____
Spiritual Maturity	_____	_____	_____
Communication Skills	_____	_____	_____
Initiative	_____	_____	_____

Your Name _____ Church _____

Address _____

Phone (day) _____ (evening) _____

To maintain applicant's confidentiality, Please mail to Women's Care Medical Center PO Box 1610 Robertsedale Al 36567 or email to Sue.Leavins@WomensCareMedicalCenter.org



Personal Reference

Applicant's Name: _____ Date _____

The Individual named above, has applied for a staff or volunteer position with Women's Care Medical Center. We would appreciate a confidential statement from you concerning the applicant's conformity to the qualities listed below and their expected ability to carry out their duties for Women's Care Medical Center. Please include how long and in what capacity you have known the applicant.

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Your Name _____ Church _____

Address _____

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