

Women's Choice Network
CONFIDENTIAL VOLUNTEER APPLICATION

Print, complete, and mail this form to this address: Women's Choice Network Administration Office,
P.O. Box 15034, Pittsburgh PA 15237. For more information, call 412-687-7767.

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____
Phone: _____ E-mail: _____
Address: _____ Neighborhood: _____
City: _____ Zip: _____
Occupation: _____ Marital Status: _____
Previous Volunteer Experience (if any): _____

1. Do you consider yourself to be a Christian? yes no
2. What is a Christian? _____

3. How long have you been a Christian? _____

4. Provide the following information on the church that you attend:

Church Name: _____ Denomination: _____
Phone: _____ Pastor/Priest Name: _____
Address: _____ Nghbrhood: _____ City: _____ Zip: _____
Describe any positions held or services performed within your church: _____

5. Please provide the following information about yourself:

Highest level of education you attended: _____ Degrees: _____
List any special training, Biblical studies, or education experience: _____
Why are you interested in volunteering at the WCN? _____

How does your spouse/family feel about your involvement? n/a _____
Have you ever given counsel to a woman considering abortion? yes no
Explain: _____
Have you or someone you know had an abortion? yes no
Explain: _____
Have you ever known an unwed mother? yes no
Explain: _____

