



Women's Choice Network
CONFIDENTIAL VOLUNTEER APPLICATION

Please complete entire application. All information is confidential and will only be seen by pertinent WCN staff. Email completed form (pages 1-3) to partnerservices@womenschoicenetowrk.com or mail to Women's Choice Network at PO Box 15034, Pittsburgh, PA 15237 or fax to 724-935-3680.

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Thank you for getting involved in a ministry that saves lives and transforms families! There are many ways to serve at Women's Choice Network. Please read the following summaries and indicate all opportunities that you would like to explore. Training for Volunteers who work directly with clients is offered three times each year. Criminal Background and Child Abuse Clearances will be arranged by WCN where indicated.

Volunteer Opportunities for Teens and Adults

- Baby Bottle Campaign: Help us prepare for our city-wide Baby Bottle Campaigns by processing our baby bottles for delivery or pick up.
Repurposed for Kids Consignment Store: Sort and process children's items for sale at our partner outreach in the North Side. The proceeds of this store benefit Living In Liberty, a shelter for trafficked women.
Event Planning: Volunteers will help us to plan, market, and execute annual fundraising and awareness campaigns. Commitment time varies and some training is required. Serves from our Wexford office.

Volunteer Opportunities for Adults 18 and Older

- Client Advocate and Options Counselor: Works directly with clients in our Centers. Minimum time commitment is one 3-4 hour shift per week. Training is provided. Clearances are required.
Volunteer Nurses: The Nurse will work directly with women and families who are considering abortion and/or at risk for STD. Training is provided. Clearances are required.
Center Reception and Office Assistants: Clearances and some training is required.
Event Planning: Volunteers will help us to plan, market, and execute annual fundraising and awareness campaigns. Commitment time varies and some training is required. Serves from our Wexford office.
Hospitality Committee: Plan refreshments, decorations, and professionalism to various events throughout the year. Commitment time varies. Serves from our Wexford office.
Church Liaison: The Church Liaison will work to connect your church with WCN events and opportunities to serve. Commitment time varies and no training is required.
REAL Essentials Speakers: Speakers are needed for abstinence presentations in schools and youth groups, as well as for churches and organizations. Certification process and training is required and provided. Clearances are required.
Cleaning Person: Each office is a medical clinic and is treated as such. The Center Director will provide cleaning instructions. Clearances are required.
Campus Representatives: The Campus Representative will promote WCN services on an assigned campus to affect life choices. No training required. Clearances are required.

Indicate the location (in order of preference 1, 2, 3, or 4) in which you prefer to serve:

\_\_\_Oakland \_\_\_Wexford \_\_\_Monroeville \_\_\_North Side \_\_\_Admin/Events Office (Wexford)

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Neighborhood: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Previous Volunteer Experience (if any): \_\_\_\_\_

1. Do you consider yourself a Christian? yes no

2. What is a Christian? \_\_\_\_\_

3. How long have you been a Christian? \_\_\_\_\_ How is following Christ evidenced in your life? \_\_\_\_\_

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

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Phone: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Neighborhood: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe any positions held or services performed within your church: \_\_\_\_\_

May we call your Pastor for a reference? yes no

5. Please provide the following information about yourself:

Highest level of education you attended: \_\_\_\_\_ Degrees: \_\_\_\_\_

List any special training, Biblical studies, or education experience: \_\_\_\_\_

Are you a licensed medical professional? yes no Type of License? \_\_\_\_\_

*(If yes, please attach a resume or CV)*

Why are you interested in volunteering at the WCN? \_\_\_\_\_

How does your spouse/family feel about your involvement? n/a \_\_\_\_\_

Are you currently seeking to adopt a child? yes no

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: \_\_\_\_\_

Under what circumstance would you consider abortion as an option for a woman in a crisis pregnancy?

never    rape    incest    life/health of mother    other: \_\_\_\_\_

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

What are your personal strengths? \_\_\_\_\_

What are your personal weaknesses? \_\_\_\_\_

Do you have difficulty working with any specific personality types? \_\_\_\_\_

6. Personal abortion knowledge:

How abortions are performed.    excellent    good    fair    poor

Laws regulating abortions.    excellent    good    fair    poor

What Bible teaches (directly or indirectly) about abortion?    excellent    good    fair    poor

7. References – Pastor and 2 Non-Relatives:

Name: \_\_\_\_\_ Relationship: Pastor    Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_    Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_    Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

8. Please read Women’s Choice Network’s Statement of Faith and Mission. (see below for statements) Are you in total agreement with these statements?    yes    no    If not, please explain \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to [partnerservices@womenschoicenet.com](mailto:partnerservices@womenschoicenet.com) or mail to Women’s Choice Network at PO Box 15034, Pittsburgh, PA 15237 or fax to 724-935-3680.



### **Our Mission**

To empower those most vulnerable to abortion to choose life.

### **Our Vision**

Our vision is to build a culture of life in Pittsburgh by  
Defending unborn children,  
Meeting the needs of those at risk and unprepared for pregnancy,  
Healing those traumatized by abortion,  
Inviting our communities to embrace a Biblical view of sexuality.

### **Our Strategies**

We consciously extend our mission into demographically focused areas by strategically locating our Medical Clinics for optimal impact.

Our network of Medical Clinics provides pregnancy testing, sonography, medical consultation and life-saving options to abortion in a compassionate Christ-centered setting offering hope and practical help to those at highest risk for abortion.

We offer STD testing, treatment and educational care inspiring young men and women to follow the Biblical model for sexuality including abstinence before marriage and fidelity within marriage.

We promote emotional healing for post-abortive women in biblically based recovery groups.

Our speakers reach thousands of students in school settings teaching sexual risk avoidance.

We increase our reach and our impact throughout the city of Pittsburgh using the most advanced and effective advertising media.

### **Statement of Principle**

1. The WCN is an outreach ministry of Jesus Christ through His church. Therefore, the WCN, embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies – both in word and in deed. Commensurate with the purpose, those who labor as WCN board members, directors, and volunteers are expected to know Christ as their Savior and Lord.
2. The WCN is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. The WCN is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. The WCN denounces any form of deception in its corporate advertising or individual conversations with its client.
4. The WCN is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope and plan constructively for themselves and their babies.
5. The WCN does not discriminate in providing services because of race, creed, color, national origin, age, or marital status of its clients.
6. The WCN does not recommend, provide, or refer for abortions or abortifacients.
7. The WCN offers assistance free of charge at all times. We receive no State or Federal funding.
8. The WCN is committed to creating an awareness within the local community of the needs of pregnant women and of the fact that abortion only compounds human need rather than resolving it.

9. The WCN does not recommend, provide, or refer clients for contraceptives.
10. The WCN recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. WCN Centers are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. WCN receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of centers. WCN neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

**Statement of Faith: The Apostle’s Creed**

We believe in God, the Father Almighty, the Creator of heaven and earth, and in Jesus Christ, His only Son, our Lord: Who was conceived of the Holy Spirit, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, died, and was buried. He descended into hell. The third day He arose again from the dead. He ascended into heaven and sits at the right hand of God the Father Almighty, whence He shall come to judge the living and the dead. We believe in the Holy Spirit, the holy \*catholic church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.

\*the Christian church

**Statement of Evangelism**

The WCN is a ministry that is dedicated to helping men and women choose life for their unborn children and the Biblical view of sexuality as a lifestyle. We support our clients in these Biblical choices emotionally, spiritually, and physically.

Because of this Biblical foundation, a Christian witness is continually woven into our exchanges with clients in an indirect manner. These are times, however, in a “teachable moment” when we are able to present the Gospel directly to our clients. It is our goal to have our counselors prepared to either seize or create the “teachable moment.”

It is the responsibility of the WCN staff to equip counselors to “always be prepared to give an answer to everyone who asked you to give the reason for the hope that you have.” 1 Peter 3:15.

Added 5/2010: When making a referral to a Christian Church or clergyman, we make every effort to refer women to the church of their faith of origin. For example a Catholic client will be referred to a Catholic Church or Priest.

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