

Women's Care Medical Center

Rev 3/5/13

P.O. Box 1610 • Robertsdale, AL 36567 • (251) 947-2111 • (fax) 947-2131

Date: _____

Position Desired:

- Pregnancy Consultant***
- Abstinence Education Presenter*
- Man to Man*
- Nurse***
- Church Liaison
- Office Assistant*
- Other

*Background check conducted by WCMC

**Requires week long training provided by WCMC

All Information Will Be Held in the Strictest Confidence

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email address _____

Date of Birth: _____ Age: _____

Marital Status: _____ Anniversary Date: _____

Occupation and Employer: _____

Spouse's Name: _____

Spouse's Occupation and Employer: _____

Children's Names and Ages: _____

General Information

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

What are your strengths and possible areas of weaknesses?

Does your family support you in this ministry? Explain.

How is your general health? (Circle One) Good Fair Poor
Are you taking medications? If so, please list?

Field of working experience:

What is your educational background?
(List any special training, Biblical studies or educational experiences.)

Spiritual Life

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

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

What are the moral absolutes from which you live?

Name of church you attend? _____

Denomination: _____ Pastor's Name: _____

Church Address: _____ Phone: _____

How long have you been involved at your church? _____

Do you have a daily devotion time? _____ If yes, describe.

What role does the Bible serve in your life?

How often do you share the gospel with individuals? _____

Have you ever been trained in personal evangelism? _____

Have you ever personally led someone to Christ? _____

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?

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 out-of-wedlock 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

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 honest response will be honored and appreciated.

Have you ever had a miscarriage?

Have you ever had an abortion(s)?

Paid for an abortion?

Strongly influenced someone to have an abortion?

Had child aborted?

Had a grandchild aborted?

Have you experienced any physical or sexual abuse?

Have you experienced infertility?

Are you currently seeking to adopt a child?

Have you ever personally experienced a “broken home”?

If yes, please explain.

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

Briefly describe:

Commitment to Service

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? _____

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? _____

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

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?

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 financially to the best of your ability? _____

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.

Signature _____ Date _____

Women's Care Medical Center Statement of Faith

- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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
- We believe in the spiritual unity of believers in our Lord Jesus Christ. Ephesians 4:13, Romans 12:5

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

Signature _____ Date _____

References

Please list your Pastor and two other references. Include their addresses, phone numbers and email if possible for contact information.

Pastor: _____

Reference: _____

Reference: _____

To ensure your confidentiality please return in a sealed envelope to: Women's Care Medical Center
P.O. Box 1610 Robertsdale Al 36567. 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: _____
