

WOMEN'S HEALTH SERVICES, INC.

VOLUNTEER/INTERN/STAFF APPLICATION

Name _____ Phone _____ (Home)
Address _____ Phone _____ (Cell)
City _____ State _____ Zip _____ email _____
Date of Birth _____

Employment/Volunteer Service History (List Most Recent Experience First. May Attach Additional):

Organization _____ Dates of Service: From _____ To _____
Address _____ Phone _____
Position/Duties _____ Supervisor _____
_____ May We Contact: Yes _____ No _____

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Address _____ Phone _____
Position/Duties _____ Supervisor _____
_____ May We Contact: Yes _____ No _____

Additional Experience/Activities/Associations /Honors _____

Education: ___ High School Diploma G.E.D.: Yes ___ No ___
College/Vocational School: # Years Completed (circle one) 1 2 3 4 5 6 7 Degree(s) Earned _____
Describe other Certifications, Licensures, Degrees, Trainings: _____

Have you ever been convicted of a crime? Please explain: _____

Statement of Faith

Do you consider yourself a Christian? Yes ___ No ___
If no, do you have a statement of faith? _____
If yes, how long have you been a Christian? _____
What does it mean to you to be a Christian? _____

Are you a member of a local church? ___ Yes ___ No ___ If yes, how long? _____
Are you a regular attender of a local church? ___ Yes ___ No ___ If yes, how long? _____
Positions you have served: _____
If applicable, please provide:

Do you agree with WHS' Statement Of Faith? See attached. _____

WOMEN'S HEALTH SERVICES, INC.

Church Name _____ Denomination _____ Phone _____

City _____ State _____ Pastor and/or Elder's Name _____

Phone _____ Is it ok to contact this Pastor/Elder? Yes _____ No _____

This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ calls us and motivates us to GO serve women, GO save lives, and GO share Jesus. Please write a brief statement about how your faith would affect your volunteer work.

Additional Information

What is your reason for seeking to volunteer? If you prefer staff position, note that below and state if you can start as a volunteer.

What specific duties would you be interested in performing? Check as many that apply.

Nurse Sonographer (NS) Volunteer NS/Medical Manager (NS) Staff Pit Crew Volunteer

Mobile Operations Manager (MOM) Staff Client Advocate Volunteer Client Advocate Staff position

Street Advocate Volunteer Administrative Volunteer (PT staff position possible)

Graphic Design Volunteer (PT staff position possible paid by project) Patient Registration Volunteer

Website and Social Media (PT staff position possible paid by project/posts)

Days of the week you can offer to serve: (Mon Tues Wed Thu Fri Sat) _____

If possible, please share dates in August and September you would be able to offer to volunteer: _____

Any time constraints on those days, please explain. _____

What do you consider your areas of strengths? (Don't be shy.) _____

What experience or strengths do you think will contribute to the position(s) are interested in volunteering?

WOMEN'S HEALTH SERVICES, INC.

Women's Health Services values staff and volunteers' ability to relate to our patients through a personal experience with an unplanned pregnancy, or abortion, either personally or with a close loved one. A personal experience is preferred for Nurse/Sonographers and Patient Advocates.

All information provided will be kept strictly confidential. What experience(s) with an unplanned pregnancy and/or abortion have you had that can contribute to your conversation with a patient experiencing an unplanned pregnancy needing compassion and understanding? **Attach on separate sheet**
*****Your response will be kept confidential and is solely read by the ED and not shared unless you give permission. Please leave blank if you rather share at in person meeting.**

Do you request your response be kept confidential? Circle one: Yes No

Have you attended a post- abortive healing group or had counseling for an abortion? _____

What is the name of the healing group or program or Bible Study etc. attended? _____

_____ Year Attended: _____

Name of leader: _____

If you have not attended a post-abortive healing group or had counseling for an abortion, are you open to attending one (3 day retreat or 8 week group (meet once a week)? Yes No Maybe

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer/intern/staff application are true and complete to the best of my knowledge, and I authorize Women's Health Services, Inc. to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Women's Health Services, Inc. and any person or entity providing such reference information, from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer/intern/staff at Women's Health Services, Inc. or any of its affiliates, I agree to fully adhere to its policies and rules, including those rules relating to maintaining Patient and WHS' confidentiality. I recognize that, as a volunteer/intern, I will serve in a different role than employees of WHS, and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer/intern services which I may provide for this organization. Certain volunteer positions require post abortive healing group/program completion and healing period afterwards prior to volunteering, such as, Client Advocate and Sonography.

I certify that I have read and am in full agreement with the attached Mission, Statement of Faith, and Statement of Principle.

If you are interested in any staff positions, please submit your resume in addition to this application.
If you have a resume that has experience in the areas you will be volunteering, please submit resume.

Signature of Applicant _____ **Date** _____

WOMEN'S HEALTH SERVICES, INC.

Volunteer Application

Name of Applicant: _____

Date: _____

For Office Use Only:

Date Received _____ Received by: _____ Date Interviewed _____

Accepted Yes ___ No ___

Service Start Date _____ Service End Date: _____

WOMEN'S HEALTH SERVICES, INC.

Mission Statement

Women's Health Services Inc is a mobile ultrasound medical clinic created to serve as the final lifeline for women at the doorstep of an abortion clinic and others seriously considering abortion. Ultrasounds equip women with the medical verification about her pregnancy and enables her to make an informed decision for her and her baby.

Over 80% of women considering abortion decide to parent after seeing an ultrasound. Therefore, WHS' mission is to GO to the women that feel abortion is their only option.

We offer compassion, care, medical facts, and will share the Gospel of Jesus Christ. We want to give each woman experiencing an unplanned pregnancy support, accurate information, and resources available to her. Services are provided free.

Statement of Faith

The Nicene Creed

I believe in one God, the Father almighty, maker of heaven and earth, of all things visible and invisible.

I believe in one Lord Jesus Christ, the Only Begotten Son of God, born of the Father before all ages. God from God, Light from Light, true God from true God, begotten, not made, consubstantial with the Father; through him all things were made.

For us men and for our salvation he came down from heaven, and by the Holy Spirit was incarnate of the Virgin Mary, and became man. For our sake he was crucified under Pontius Pilate, he suffered death and was buried, and rose again on the third day

in accordance with the Scriptures. He ascended into heaven and is seated at the right hand of the Father. He will come again in glory to judge the living and the dead and his kingdom will have no end.

I believe in the Holy Spirit, the Lord, the giver of life, who proceeds from the Father and the Son, who with the Father and the Son is adored and glorified, who has spoken through the prophets.

I believe in one, holy, catholic and apostolic Church.

I confess one Baptism for the forgiveness of sins
and I look forward to the resurrection of the dead
and the life of the world to come. Amen.