

# Ambassador Membership Application



## Personal Information

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Communication Information

Phone: \_\_\_\_\_ (Please Circle One) Home Phone Cell phone

Do Not Call **Before:** \_\_\_\_\_ AM or **After:** \_\_\_\_\_ PM Send/Receive Text Messages? Y N

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Communication Preference (please list in order of preference):

Phone \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ Postal Mail \_\_\_\_\_

## Employment/Obligations

Employer: \_\_\_\_\_ Self-Employed? Y N

Title/Position: \_\_\_\_\_ Hours Worked Weekly: \_\_\_\_\_

Stay-at-Home Parent? Y N # of Children at Home: \_\_\_\_\_ Elderly Parent at Home? Y N

## Personal Strengths (circle all that apply):

Networking	Public Speaking	Hosting/Hospitality	Cooking/Baking
Decorating	Event Set-Up	Phone Calling	Mailings
Planning	Organizing	Trouble Shooting	General Tasks
Graphic Design/Publishing		Requesting Donations/Gifts-in-Kind	

Others: \_\_\_\_\_

**Nominated by (if applicable):**

\_\_\_\_\_

## Ambassador Member Commitment to Standards

WPCC – Obria Ambassadors represent the ministry to the community. Therefore, Ambassador's must be committed to serving in Christian love with the highest standard of professionalism. All members must agree to and commit to the standards listed below any time s/he is acting as an Ambassador.

- I will know and support WPCC – Obria's Mission Statement.
- I will be a spokesperson for the sanctity of human life in my sphere of influence.
- I will interact with fellow Ambassadors, event attendees and clinic staff with care, compassion and integrity.
- I will keep all patient and donor's identities in strict confidence at all times.
- I will follow a Biblical model when dealing with conflict (Mt. 18:15-17).
- I will commit to serve as a WPCC – Obria Ambassador for at least one year, following training.
- I will be prepared for my appointed duties and will remain responsibly engaged while performing my duties.
- I will pray for WPCC – Obria's staff, volunteers, patients, clients and supporters.

Member Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **WPCC –Obria Medical Clinics**

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*WPCC-Obria Medical Clinics (formerly Whittier Pregnancy Care Clinic) is a medically-licensed 501(c)(3) non-profit public benefit corporation. All tax donations are deductible to the full extent allowable by IRS tax laws.*