



Questionnaire for the Professional Member

The following questions are intended to provide us with information about you that will help ensure us of making a good match with Client needs when assigning your professional services. If you need more space to answer any of the following questions, please do not hesitate to attach additional pages.

A. BASIC INFORMATION

1. Name: _____ Date of birth: _____
2. Home address: _____
City/State Zip: _____
Home phone: (_____) _____ Fax: (_____) _____
3. Business address: _____

City/State/Zip: _____
Business phone: (_____) _____ Fax: (_____) _____
Email address: _____
4. Current position or title: _____

B. THE GOALS OF THE NURTURING NETWORK

The Nurturing Network is dedicated to helping any woman with an unplanned pregnancy give life to her unborn child. In particular, the Network seeks to meet the specific needs of a woman facing a crisis pregnancy in the midst of her education or career.

Because the women we serve are most vulnerable at this particular time in their lives, it is important that all Members reinforce the support and understanding we offer.

1. Have you and others in your office who may have reason to influence a Network Client, read the Member and Client brochures of The Nurturing Network? _____ Yes _____ No
2. Do you feel you understand the general purposes of our organization? _____ Yes _____ No
3. Are you comfortable reinforcing the goals of the Network in your daily contact with our Client(s)? _____ Yes _____ No

4. Do you believe that you can offer the supportive care that our Client(s) may need? _____ Yes _____ No

If you answered "No" to any of these questions, please explain:

C. PROFESSIONAL TRAINING AND ACCREDITATION

1. Please list below the colleges and/or universities attended, the degree(s) conferred, and the dates (month/year) of graduation. You may attach a recent biography or resumé if it provides the information requested.

College/Graduate School

Degree

Date

2. Please list all sources of accreditation and professional associations of which you are a member. A recent biography or resumé may be attached if it contains the requested information.

3. Please list the hospitals at which you usually practice, noting those with which you are currently affiliated.

Hospital

Affiliated?

_____	_____ Yes _____ No
_____	_____ Yes _____ No
_____	_____ Yes _____ No
_____	_____ Yes _____ No

4. Has there ever been an attempt to remove or restrict your right to practice? _____ Yes _____ No

If so, please explain: _____

5. Have you ever lost in a legal or medical judgment brought against you? _____ Yes _____ No
If so, please explain: _____

6. Has your accreditation ever been removed or downgraded? _____ Yes _____ No
If so, please explain the circumstances: _____

D. SERVICES OFFERED

Each Member of our Network provides invaluable support and services to our Clients. In the following section, we ask you to explain how you would most like to help as a Network Member.

If you are qualified to provide a specific professional service, please be sure to include this in your explanation. In addition to those able to offer specialized professional services, we need assistance in office work and fund raising as well as in providing inspirational support for our Clients.

Please also include the hours or amount of time you are able to contribute.

E. PAYMENT OF SERVICES

If you can provide a professional service for our Client(s), it is important that we know whether you will be able to donate your time or if you would require remuneration. Certain Clients may not be able to afford full medical care themselves or may not have third party reimbursement.

Please indicate below the fee schedule (if any) which would apply to services you are interested in providing to a Client of The Nurturing Network.

F. REFERENCES

Please furnish three individuals (unrelated to you) whom we could contact for a reference.

_____	Phone: (____) _____
_____	Phone: (____) _____
_____	Phone: (____) _____

G. QUESTIONS AND COMMENTS

1. Are there any concerns which you would like to discuss with us to ensure that your membership is as positive an experience as possible? If you would make a note of your questions below, a member of our staff would be pleased to discuss these with you at your convenience.

2. The Nurturing Network respects the privacy of all our members. Your completed questionnaire will remain on file at our office and will not be photocopied except for the internal use of The Nurturing Network, Inc. We will share with Clients only the information we believe might help in our efforts to make an appropriate referral. If there is any specific information which you wish not to be revealed, please make a note in the margin beside your response or comment below.

I acknowledge that The Nurturing Network will be relying on my responses to this questionnaire in deciding to offer me membership in its organization and that the Clients of the Network may also rely on this information as being accurate and complete.

Signature

Date

Confidentiality Statement for Resource Members Of The Nurturing Network

I, _____, understand the importance of confidentiality to The Nurturing Network. I promise to do whatever I can to protect and preserve the confidentiality of the Clients, Members, Employees and Volunteers of the Network. Specifically, I will not share - either verbally or in writing - the identity or personal circumstances of Network Clients or Members.

I will make every effort to avoid accidentally breaking this confidence. Specifically, I will not share the information I have learned about any Client with a person other than an authorized Member who has offered to support this Client. I will treat all Network documents, including but not limited to, Questionnaires, Helpful Hints, Cassettes, Videos, Brochures and all other printed materials as the sole property of the Nurturing Network, its author and founder.

In regard to the media, I understand that the President and Founder, Mary Cunningham Agee, is the sole spokesperson for The Nurturing Network. Therefore, I will encourage all media connections to contact The Nurturing Network headquarters directly.

Additionally, all press releases, articles or advertisements of local related Nurturing Network events, meetings or guest appearances must be sent to Ann Granger, Director of Communication and Development, for updates and approval at least two weeks prior to sending to press.

In consideration for having the opportunity to participate in the Network's efforts to assist women with crisis pregnancies, I will carry out my responsibilities with the utmost respect for the strict confidentiality that our Clients and Members deserve. I am signing this agreement of my own free will.

1. Signed: _____ Date: _____