



CHECK OUT SCHEDULER

Mission Statement	Women's Resource Medical Center of Southern Nevada exists to save the lives of unborn children by sharing the love of Jesus Christ through spiritual, physical, emotional and educational support of our clients.
Objective	To assist clients in check out process by scheduling future appointments and educational courses
Key Responsibilities	<ul style="list-style-type: none"> • Build relationships and trust with clients through open and interactive communication • Provide accurate, valid and complete information in client files • Keep client records and file documents. • Schedule future appointments--ultrasounds, retests, educational classes, counseling session, Vintage Values boutique appointments.
Reports To	<ul style="list-style-type: none"> • Client Service Manager
Personal Development	<ul style="list-style-type: none"> • Develop "team-mindset" to create a cohesive process • Consistent follow through on commitments • Able to handle ministry pressures • Faithfulness and confidence in the Word of God with the ability to speak truth in love
Skills and Qualifications	<ul style="list-style-type: none"> • High school diploma or equivalent • Personal, professional and public integrity • Grammar and spelling skills • Strong interpersonal skills • Ability to work in fast-paced setting • Detail-oriented • Excellent time management and organizational skills • Ministry experience and/or community involvement (a plus) • Bilingual (a plus)
Prerequisites and Requirements	<ul style="list-style-type: none"> • Meet with Client Service Manager for initial direction • Willing to complete a background check • In agreement of WRMCSN statements: Mission/Faith/Vision/Commitment/Principal/Care • Willing to complete Personal Advocate Training • Attend mandatory Volunteer In Service Trainings (minimum of 2 trainings, per year) • Adherence to all applicable policy and procedures of WRMCSN



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Time Commitment	<ul style="list-style-type: none">• Minimum of 8 hours per month• 12 month commitment
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I understand the responsibilities and qualifications of this position, and agree to fulfill them to the best of my ability and that I will receive support and appreciation from WRMCSN staff.

Volunteer name (Please print)

Volunteer Signature

Date

WRMCSN Staff Partner (Please print)

WRMCSN Staff Partner Signature

Date