

**OPTIONS FOR WOMEN/HELP FOR FAMILIES
LIAISON COMMITMENT FORM**

I, _____, hereby dedicate myself to a commitment as an Options for Women(OFW), Help for Families Liaison for (church/organization/business)_____.

1. I will provide pertinent information that has been passed on to me pertaining to Options for Women to my pastor, elder, church leader, business leader, or organization.
2. I will notify Options for Women if there are any changes to my liaison status.
3. I will do my best to find a replacement liaison and notify Options for Women should I be unable to continue my liaison partnership.

I recognize that a one year commitment or longer is strongly preferred in order to maintain a consistent partnership between Options for Women and my church, business or organization. By choosing to partner with the Options for Women Center as a Lifeline Liaison I acknowledge that I have a unique opportunity to further the OFW mission.

CONTACT INFORMATION:

Name:_____

Address:_____

Telephone Number:_____

Email Address:_____

Church/Business/Organization

Affiliation:_____