

## Prison Visitation Volunteer Application Form

Please read and complete this form in its entirety. Uncompleted forms will not be processed. Please return this form as soon as possible to M2/W2 Head Office for processing. Completion of a form does not automatically guarantee volunteering with M2/W2. A Police Records Check and Volunteer Interview will take place before placement and orientation. Thank you!

First Name:	Middle Initial:	Last Name:	
Home Address:			
City:	Prov:	Post	al Code:
Primary Phone:	Secondary Phone:		
Email:			
Business Address:			
<b>Business Phone:</b>			
Occupation:			
Date of Birth: (Mm/dd/yy)			
Marital Status:	Spouse's Name	(if applicable):	
Do you have children? YES NO	If yes, are the	y living at home?	YES NO
Do you have support of your invol	lvement in M2/W2?		
Please tell us about your education	Ç ,	-	
Please tell us about any hobbies, le			
SPIRITUAL JOURNEY:			
Do you attend a church regularly	? YES NO		
If YES, which church?			

No	me of Lead Pastor/ Minister:
	one #:Email:
Te	ll us about your Spiritual Journey right now.
	use additional paper if necessa
W	ORKING WITH M2/W2:
1.	How did you learn about M2/W2?
2.	Why do you wish to volunteer now?
3.	Please describe any current volunteer positions.
4.	Please describe any previous volunteer positions you have done. Please include what was enjoyable about that experience, what challenges you faced, and the reason why you left that position.

	5. Everyone has strengths. What are your strengths? Please describe. As well, how do you see the strengths contributing to this type of work?				
	E				
· ·	Everyone has weaknesses. What are your weakness/ areas to work on? Please describe.				
7.	Have you had any previous experiences with the correctional system? Explain.				
8.	Do you have access to transportation? YES NO				
	Have you ever been convicted of a criminal offence for which a pardon has not been granted? In most cases, having a criminal conviction does not prevent you from becoming a volunteer with M2/W2.  YES NO				
10.	Do you have any questions/ comments or concerns for us?				
RE	EFERENCES:				
	ase provide the names of two persons, not related to you, that you have known for a minimum of ears. Please make sure your references know they will be contacted.				
<b>1.</b> ]	First Name:Last Name:				
Hor	me Address:				
Cit	y:Postal Code:				
Pri	mary Phone: Email:				
Occ	cupation:				
	w do you know this reference?				

2. First Name:	Last Name:	
Home Address:		
City:	Prov:	Postal Code:
Primary Phone:	Email:	
Occupation:		
How do you know this reference	?	
for expressing interes	the time to complete in full a st in becoming a volunteer w nitted as well as received is k	with M2/W2 Association.
By signing this application f	orm:	
	ation provided is true and	accurate.
	Criminal Record Check an	
<del>-</del>		vill incur a cost to M2/W2 who
• I understand that my	name, address, email and p that I can receive M2/W2	phone number(s) will be on the newsletters, invitations and
• I understand that CSO	C/B.C. Corrections will be	
information in regard for their use or distrib		such M2/W2 is not responsible
Print Name:		
Signature:		
Date:		
N/2/NX/2 A ~~~	o oi o ti o o Do oto mo timo Chui	ation Ministria
	ociation – Restorative Chri Clearbrook Road Abbotsford	·
	3215 or toll free 1-800-298-1777	·
	nfo@m2w2.com Website: www	
	East Office Has Orde	
	For Office Use Only	
Date Rec'd:	Date of Train	ning:
Date Rec'd: Date Entered in Database: Coordinator Info:		ning: