



M2/W2 ASSOCIATION VOLUNTEER APPLICATION FORM

Name: _____ **Home Phone:** _____
First Last Init.

Address: _____
(Street) (City) (Province) (Postal Code)

Cel: _____ **Email:** _____

Business Address: _____ **Business Phone:** _____

Occupation: _____ **Date of Birth:** _____
(M/D/Y)

Maiden Name: _____ **Place of Birth:** _____

Marital Status: _____ **Spouse's Name (if applicable):** _____

Ages of Children (if still at home): _____

Education or Training: _____

Special Interests: _____

Church Affiliation : _____

Church Address: _____

Pastor's Name: _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes _____ No _____

(In most cases, having a criminal conviction does not prevent you from becoming a volunteer)

Please provide the names of two persons you have known for a minimum of 2 years (other than relatives)

Please make sure your references know they will be contacted

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (Province) (Postal Code)

Occupation: _____

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (Province) (Postal Code)

Occupation: _____

All information you submit as well as receive is confidential

Please note that a criminal record check will need to be done in the future and in some programs there will be a cost to M2/W2 procuring these. M2W2 will cover these costs, should you wish to donate this amount please let us know.

(Please complete the reverse)

1. How did you learn about M2/W2, P2 or CoSA?
2. Why do you wish to volunteer?
3. Please describe any previous volunteer positions and why you terminated them.
4. Please describe any current volunteer positions.
5. What assets could you see yourself contributing?
6. Have you had any previous experiences with the correctional system? Explain.
7. Do you have access to transportation?
8. On a separate paper, briefly share your personal faith journey.

Given the delicate and difficult nature of some situations, you may wish to consider how you handle stress and keep balance in your life. Is there any other pertinent information you would like to share with us in regard to your application?

As a volunteer, I understand that my name, address, and phone number(s) will be on the M2/W2 mailing list so that I can receive M2/W2 newsletters and volunteer training information.

I am interested in becoming a volunteer with the M2/W2 programs. (Please check those applicable)

M2 W2 P2 CoSA Parent Mentoring

Signature _____ Date _____

Thank you for taking the time to fill in this application form and for expressing interest in becoming a volunteer with M2/W2!

M2/W2 Association – Restorative Christian Ministries
208 – 2825 Clearbrook Road Abbotsford, BC V2T 6S3
Phone: 604-859-3215 or toll free 1-800-298-1777 Fax: 604-859-1216
Email: info@m2w2.com Website: www.m2w2.com

For Office Use Only

Date Received By Coordinator _____ Training Attended _____
 Further Info by Program Coordinator _____