



M2W2 Man-to-Man
P.O. Box 293
Snohomish, WA 98291
P: (877) 625-6214

VOLUNTEER APPLICATION

Please Print

If you have a preference, please indicate the visiting time you prefer (Visits are monthly):

Monroe Correctional Complex, Monroe:

- Form with checkboxes for Twin Rivers Unit, Washington State Reformatory Unit, Minimum Security Unit, and Special Offenders Unit, each with options for 1st or 4th Tuesday and Regular Visiting Hours.

1. Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Race: \_\_\_\_\_  Male  Female Phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

How long? \_\_\_\_\_ Children's Ages (If Minors): \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ (City) \_\_\_\_\_

(State): \_\_\_\_\_ (Zip) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Any chronic illness or handicap?  Yes  No

Explain: \_\_\_\_\_

Any problems as indicated below?

Alcoholism/Drugs  Mental illness  Homosexuality  Other \_\_\_\_\_

Problem Overcome?  Yes  No

**3. Education** (Indicate highest grade completed.):  7  8  9  10  11  12  GED

College:  1  2  3  4  5  6  7  8

Degrees/Major: \_\_\_\_\_

Vocational Training/Trade(s): \_\_\_\_\_

**4. Military History:**

Branch \_\_\_\_\_ Job/Duties \_\_\_\_\_

Dates \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**5. Recreation** (Indicate those you participate in.):  Sports  Music  Reading  Fishing

Computers  Hiking  Camping  Woodworking  Arts  Crafts

Cooking  Sewing  Other: \_\_\_\_\_

**6. Personality Summary of Applicant (Indicate one choice on each line):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Scholarly: .....    | <input type="checkbox"/> Athletic: .....      | <input type="checkbox"/> Both.....           |
| <input type="checkbox"/> Indoors person..... | <input type="checkbox"/> Outdoors person..... | <input type="checkbox"/> Both.....           |
| <input type="checkbox"/> Listener.....       | <input type="checkbox"/> Talkative.....       | <input type="checkbox"/> Conversational..... |

**7. How did you hear about M-2 Job Therapy's Prison Visitation Program?**

\_\_\_\_\_  
\_\_\_\_\_

**8. Do you have a relationship with an inmate of any State Institution or County Jail?**  Yes  No

If yes, institution or jail and name of inmate? \_\_\_\_\_

Please explain the relationship: \_\_\_\_\_

**9. Have you ever been arrested/convicted (exclude minor traffic offenses)?**  Yes  No

If yes, what: \_\_\_\_\_ When: \_\_\_\_\_

Explain circumstances: \_\_\_\_\_

Supervision release date: \_\_\_\_\_

**10. Character References** (Please list your pastor and one other person):

A. Pastor: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

B. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

11. Is there any type of offender you would not want to be matched with?

Yes

No

If yes, what type? \_\_\_\_\_

### **Pledge of Service**

- I agree to visit once a month for a minimum period of one year.
- I have carefully read the Sponsor's Manual and State Regulations regarding volunteers and agree to follow them.
- I will regularly pray for my inmate friend, my relationship with my inmate friend, my fellow sponsors, the ministry staff, and the ministry.
- I will notify M-2 Job Therapy immediately of any change in my address or phone number.
- Under God's direction and with His help, I will contribute in some way to the financial support of the ministry.
- I know of no moral reason why I should be restricted from sponsoring. I understand that I am not legally responsible for the conduct of my friend, but do have a moral responsibility to live an exemplary live before her.

---

(Signature)

(Date)