



M2W2 Woman-to-Woman
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):

- First Thursday Evening Second Sunday Afternoon Fourth Sunday Afternoon

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):**

Scholarly: .....       Athletic: .....       Both.....

Indoors person.....       Outdoors person.....       Both.....

Listener.....       Talkative.....       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.

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(Signature)

(Date)