



Match 2 / Woman-to-Woman
P.O. Box 293
Snohomish, WA 98291
(877) 625-6214

WOMAN-TO-WOMAN VOLUNTEER APPLICATION

Please indicate the visiting time you prefer (Visits are monthly):

- 1st Thursday Evening 2nd Sunday Afternoon 4th Sunday Afternoon

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Phone: Home (_____) _____ Cell: (_____) _____

Marital Status: Single Married Divorced Separated Widowed

How long? _____ Spouse's name: (if applicable) _____

Children's Ages (If Minors): _____

Your Occupation: _____ Employer: _____

Your Home Church: _____ City: _____

Any chronic illness or handicap? Yes No Explain: _____

Any current or prior issues such as:

Alcoholism Drugs Mental illness Other _____ Issue Overcome? Yes No

Education

HS Grad? Yes No GED College? Yes No Degrees/Major: _____

Vocational Training/Trade(s): _____

Languages: Indicate any language other than English you speak _____

Recreation: Sports Music Reading Fishing Computers Hiking Camping
 Woodworking Arts Crafts Cooking Sewing Other: _____

Personality Summary (Indicate one choice on each line):

- Scholarly..... Athletic..... Both.
 Indoors person..... Outdoors person... Both
 Listener..... Talkative..... Conversational

How did you hear about the M-2/W-2 Prison Visitation Program?

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: _____

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

If yes, what: _____ When: _____

Explain circumstances: _____

Character References

1) Name: _____ Relationship: _____

Phone: (____) _____ Email Address: _____

2) Name: _____ Relationship: _____

Phone: (____) _____ Email Address: _____

Is there any type of offender you would not want to be matched with? No Yes

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 Volunteer 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/W-2 Prison Visitation Ministries immediately of any change in my address or phone number.
- 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)