

DOMESTIC ABUSE SERVICES - Our Lady of Good Counsel Society

#201-14045 104 Avenue, Surrey BC V3T 1X4

Office: (604) 585-6688 Fax: (604) 585-6687 E: dasopmgr@telus.net

www.domesticabuseservices.ca

Volunteer Training Program



PLEASE PRINT

Date: _____

Name _____

Address _____

City: _____ Postal Code _____

Home Telephone _____ Work Telephone _____

Email _____ Parish _____

I am 19 years of age or older _____ YES _____ NO

****Please use additional paper if you there is not enough space to fully answer the questions.**

My reasons for choosing to attend this training program are: _____

Briefly outline your educational background: _____

Please list those life experiences and your special gifts, which you would consider helpful to working with victims of abuse: _____

Please list other volunteer experience: _____

Have you been involved in abusive situations? _____ YES _____ NO

If YES, was it personal or did it involve a loved one? _____ YES _____ NO

How long have you or your loved one been free of this involvement in abuse?

Please list two references (if possible include a priest or minister)

1. Name: _____ Phone No: _____

Relationship: _____

2. Name: _____ Phone No: _____

Relationship: _____

Please add anything else you feel would be helpful in the role of volunteer in the Society

Options for volunteering upon completion of training are:

- Helpline Responder
- Regional Resource Worker
- A member of the Speakers' Bureau
- Become a member of the Board of Directors
- Become a committee member (fundraising, communications, finance)

Requirements for volunteers:

- Criminal record check
- A minimum commitment of 100 volunteer hours after completion of volunteer training.
- Volunteer training course fees \$40.00 (includes 1 year DAS Membership and a \$20.00 tax receipt will be issued).

NOTE: Training Course Fees can be paid by Cheque, Cash, MasterCard or VISA. If you wish to pay by credit card, please return your completed registration form and call our office with your card number.

How did you hear about this training program?

_____ BC Catholic _____ CWL Member _____ Parish Bulletin

_____ DAS-OLGCS Member ___ Other (please specify): _____

**PLEASE RETURN COMPLETED REGISTRATION FORM AND PAYMENT TO:
Domestic Abuse Services – OLGCS
#201 – 14045 104th Avenue, Surrey, BC V3T 1X4**

Please mark envelope “Confidential – Training Program”