



DOMESTIC
ABUSE SERVICES
OUR LADY OF GOOD COUNSEL SOCIETY

TO LIVE WITHOUT FEAR

Office: (604) 585-6688 Fax: (604) 585-6687 E-mail: admin@domesticabuseservices.ca
Website: www.DomesticAbuseServices.ca

Volunteer Training Program *Registration Form*

Date: _____

Name (Please Print) _____

Address _____

City: _____ Postal Code _____

Home Telephone _____ Work Telephone _____

Email _____ Parish _____

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

**Please attach an additional page if there is not enough room to answer the following 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: _____

Is there anything else we should know about you?

Options for volunteering upon completion of training are:

- Helpline Responder
- Regional Resource Worker
- 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.
- Domestic Abuse Services membership dues \$15 per annum.
- Volunteer training course fees \$35 (cost of materials and photocopying).

How did you hear about this training program?

_____ B.C. Catholic _____ CWL Member _____ Parish Bulletin
_____ DAS-OLGCS Member _____ Other (please specify): _____

*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.*

**PLEASE RETURN COMPLETED REGISTRATION FORM TO:
Domestic Abuse Services – OLGCS
#201 – 14045 104 Avenue, Surrey, BC V3T 1X4
Please mark envelope “Confidential – Training Program”**

Or email to operationsmgr@domesticabuseservices.ca

Alternatively you can register on our website at
domesticabuseservices.ca/getinvolved/donations
and complete the donation form...Be sure to choose from the drop-down menu *under ‘What Do You Want Your Donation To Go Towards’* and select *‘Helpline Volunteer Training Registration’*.