



NANAIMO FAMILY LIFE ASSOCIATION VOLUNTEER COUNSELLING PROGRAM

Please be advised that the Personal Information Privacy Act protects any information gathered.

Today's Date: _____ (Month, Day, Year)

First Name: _____ Last Name: _____

Pronouns: He/Him/His She/Her/Hers They/Them/Theirs or: _____

Date of Birth: _____ (Month, Day, Year)

Address: _____

Home Phone: _____ Cell: _____

Is it okay to leave a message? Yes or No (please circle)

Email: _____

May we email you updates about our services? Yes or No (Please Circle).

If you have a counsellor gender preference, please indicate here: _____

When are you available for counselling? Please circle the days and identify the times between 8:30 a.m. and 8:00 p.m.

Days: Mon Tues Wed Thurs Fri Sat Sun

Times: _____

Would you like your free intake session to be by phone, online, or in-person? (Please Circle)

Please Read:

During the intake session, you will be asked about your counselling needs, and we will discuss our policies, counselling options, and sliding-scale payment plans. We aim to assign a counsellor within 48 hours. Our services include individual, youth (13-18), and couples counselling.