



NANAIMO FAMILY LIFE ASSOCIATION  
VOLUNTEER COUNSELLING PROGRAM  
YOUTH INTAKE AND ASSESSMENT FORM

Please be advised that any information gathered is protected by the Personal Information Privacy Act.

Today's date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pronouns:  He/Him/His;  She/Her/Hers;  They/Them/Theirs; Other: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Is it okay to say Nanaimo Family Life and/or leave message at these numbers? \_\_\_\_\_ (yes/no)

Email: \_\_\_\_\_ (please print clearly)

*\*\*If you are under 14 years of age, consent is required from any legal guardians\*\**

Caregivers/Parents Name: \_\_\_\_\_

Caregivers/Parents Phone Number: \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

Do you prefer a male  or female  counsellor? No Preference  Other: \_\_\_\_\_

When are you available for counselling? (circle days and identify times between 8:30 am–8:00 pm)

Days: Mon Tues Wed Thurs Fri Sat Sun

Times: \_\_\_\_\_

Please note that our sessions are online.

Are you experiencing suicidal ideation?  Yes  No

If you answered yes to above, please contact the programs coordinator for resources and referrals: 250-754-3331 ext. 427

If you are in crisis, please call 1-888-494-3888

or access Brooks Landing Crisis Walk-In Clinic at #203-2000 N Island Hwy, Nanaimo, BC.