



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.