

Oklahoma Department of Corrections

Volunteer Application

It is important that this application be filled out completely. Items that do not apply to you mark with an N/A. Unanswered questions will result in the application being returned to you, causing a delay in your process to become a volunteer.

Facility/Office where you desire to volunteer: _____
(Please list at least one specific location)

Personal Information

Name: _____
(Last) (First) (MI)

Address: _____
Street/Rural Route/Box # Alias(es)/any other name(s) by which you are known

City State Zip Code () Home Phone () Cell Phone / Pager

E-Mail Address: (Please Print Clearly): _____

Current Employer & Address _____ ()
Work Phone Number

/ / Social Security #: / /
Date of Birth Sex Race Eye Color Height Weight Hair Color

Driver License # _____ State: _____ Expiration Date: / /

Do you own a car? Yes No Current Tag #: _____ Will you be transporting offenders? Yes No

Auto Insurance Company Name and Policy Number: _____

In Case of Emergency, Please Contact: _____ Relationship: _____

Phone: () _____ Address: _____

Please List at least two references with their name, address and phone number:

Have you ever been convicted of a **felony**? Yes No
Do you currently have friends or relatives incarcerated in the Oklahoma Department of Corrections? If yes, please list the name, relationship, and facility location of each (attach additional pages if necessary): _____

Volunteer Information

Are you volunteering with an organization? Yes No Name of your Organization: _____

Are you the volunteer leader for this group? Yes No Name of group leader: _____

Briefly state the type of volunteer service you wish to provide for the Department of Corrections: _____

Do you have any license or certification that is relevant to the type of volunteer service you wish to provide? If so, please list and attach a copy of the documentation: _____

Do you have any other skills or abilities that you would be willing to share? (Example: translator, computer skills, tutoring, arts and crafts, clerical skills, telephone receptionist, public relations) Please list: _____

Please forward your application along with a signed Authorization to Release Information form to:

Volunteer Services Unit
Oklahoma Department of Corrections
2901 N. Classen Blvd. Suite 200
Oklahoma City, OK 73106