

“Corrections Committee”
Volunteer Application & Instructions
To get Badged – To take meetings into
Correctional Facilities

Forms Attached:

- 1) **Volunteer Application** (DOC OP-090211 Revised 9/2007)
- 2) **Authorization to Release Information**

INSTRUCTIONS:

- a) **Complete the 2 forms listed above (blank forms are attached)**
- b) **If you have any questions about the procedures, please contact:**

Mike P., Area 57 Corrections Chair
corrections@aaoklahoma.org
(580) 591-3750

Cartoon used with permission of *The Grapevine*



- c) **Mail the forms to: (No longer send them to the chaplain at facility)**

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

- d) **You will be notified by mail if you are accepted or not.**
- e) **If you are accepted, the next step will be to attend an orientation in OKC or Tulsa.**
- f) **For more information: <http://www.doc.state.ok>**
Then go to: “Procedures” / “09 Programs” / “Volunteer Program”

(The “Volunteer program document is 17 pages. Pages 5 & 6 refer to the application process.)

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

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

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

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the Oklahoma Department of Corrections with any and all information they may request concerning my work record, educational history, military record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for volunteer status with the Department of Corrections.

I hereby release you and your organization from any liability of damage that would result from furnishing the information requested above.

SIGNATURE OF APPLICANT

DATE

Due to the nature of the work for which you have applied, we may need to check records pertaining to your background. To properly verify your identity, we ask you to complete the following information:

Date of Birth: _____ Sex: Male _____ Female: _____

Month/Day/Year

Race or Ethnic Group: White _____ Black _____
 American Indian _____ Hispanic _____
 Asian _____ Other _____

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