PRISON MINISTRY INFO PACKET:

Northwest District Office 2613 N. Van Buren Enid, OK 73703-1713

(580) 977-3400 FAX: (580) 977-3420

Mike Carr, District Supervisor

Chris Frech, Assistant District Supervisor Kristin Tims, Assistant District Supervisor John Lipsey, Assistant District Supervisor

Enid Community Corrections Center

2020 E Maine Ave Enid, OK 73702-6445

(580) 977-3800 FAX: (580) 977-3834

Union City Community Corrections Center

P.O. Box 129 Union City, OK 73090-0129 405) 483-5900 FAX (405) 483-5431

Beaver Community Work Center

PO Box 1210 Beaver, OK 73932-1210 (580) 625-3840 FAX: (580) 625-3862

Elk City Community Work Center

1309 Airport Industrial Road Elk City, OK 73648-1924 (580) 243-4316 FAX: (580) 243-2721

Hollis Community Work Center

105 W Jones St Hollis, OK 73550-3003 (580) 688-3331 FAX: (580) 688-3699

Mangum Community Work Center

215 E. Lincoln Mangum, OK 73554-4265

(580) 782-3315 FAX: (580) 782-3316

Sayre Community Work Center

1107 N. Broadway Sayre, OK 73662-1813

(580) 928-5211 FAX: (580) 928-9516

DOC volunteer info -

Mitsy # 977-3813

2020 E Main st Enid (21st st) house

http://www.doc.state.ok.us/Offtech/op090211.pdf

forms filled out and take to Mitsy

mitzi.maddox@doc.state.ok.us

Alva Sub-Office Woods County Courthouse P.O. Box 543 Alva, OK 73717-0543 (580) 327-0633 FAX (580) 327-0816

Counties Served: Alfalfa, Major, Woods

Clinton Sub-Office 201 S. 5th Clinton, OK 73601 (580) 323-2094 FAX (580) 323-2474 Counties Served: Custer

Cordell Sub-Office Washita County Courthouse #4 Cordell, OK 73636-5769 (580) 832-5059 FAX (580) 832-2656 Counties Served: Washita

Canadian County Probation and Parole 700 North State Highway 81 P. O. Box 33 (Mailing Address) Union City, Oklahoma 73090-0033 (405) 483-5970 FAX (405) 483-5975 Counties Served: Canadian

Enid Sub-Office 2613 N. Van Buren Enid, OK 73703-1713 (580) 977-3421 FAX (580) 977-3420 Counties Served: Garfield

Guymon Sub-Office 1009 N.E. 4th Street P.O. Box 1246 Guymon, OK 73942-1246 (580) 338-8366 FAX (580) 338-7932 Court Services Arvella Rucks, Team Supervisor Weatherford Sub-Office 1401 Lera Drive – Suite 6 Weatherford, OK 73096-0858 (580) 772-0247 Fax: (580) 772-8431

CSD/Drug Court
Federal Building
115 West Broadway, Suite 231
Enid, OK 73701-4039
(580) 237-7342
FAX: (580) 237-7514
Counties Served: Garfield

Elk City Sub-Office 401 E. 3rd Suite # 1 Elk City, OK 73644-4750 (580) 225-0972 FAX (580) 225-0372 Counties Served: Beckham

Guthrie Sub-Office 107 East Oklahoma P.O. Box 606 Guthrie, OK 73044-0606 (405) 282-3827 FAX (405) 282-6424 Counties Served: Logan

Kingfisher Sub-Office Memorial Hall 123 West Miles Kingfisher, OK 73750-2645 (405) 375-6384 FAX (405) 375-6384 Counties Served: Beaver, Cimarron, Texas

Mangum Sub-Office Mangum Police Department 107 S Pennsylvania Ave Mangum, OK 73554-4224 (580) 782-2112

FAX: (580) 782-2112

Counties Served: Greer, Harmon

Pawnee Sub-Office 500 E. Harrison Street Room B-1 Pawnee, OK 74058-2568 (918) 762-1092 FAX: (918) 762-4517 Counties Served: Pawnee

Ponca City Sub-Office 205 W. Hartford, Ste. 124 P.O. Box 1335 Ponca City, OK 74602 (580) 765-1603 FAX (580) 765-2071 Counties Served: Grant, Kay

Stillwater Sub-office 800 E. 6th Avenue, Suite 11 Stillwater, OK 74074-3732 (405) 377-3418 FAX (405) 377-3533 Counties Served: Payne

Weatherford Sub-Office 1401 Lera Dr. Ste. 6 Weatherford, OK 73096-0858 (580) 772-0247 FAX (580) 772-8431 Counties Served: Custer Counties Served: Kingfisher

Pawhuska Sub-Office 1007 Grandview P.O. Box 635 Pawhuska, Oklahoma 74056-0635 (918) 287-3666 FAX (918) 287-9189 Counties Served: Osage

Perry Sub-Office
Noble County Courthouse
The Map Room
300 Courthouse Drive
Perry, OK 73077
Phone (580) 336-9945
Secondary Phone (580) 977-3426
Counties Serviced: Noble
Skiatook Sub-Office

200 N. Haynie Street
P. O. Box 503
Skiatook, OK 74070-0503
(918) 396-5156
FAX: (918) 396-4327
Counties Served: Osage

Watonga Sub-Office P. O. Box 146 117 W. Russworm Watonga, OK 73772-0146 (580) 623-8675 FAX (580) 623-8675 County Served: Blaine

Woodward Sub-Office 1009 Main Street Woodward, OK 73801 (580) 256-1800 FAX (580) 256-1837 Counties Served: Dewey, Ellis, Harper, Woodward and Roger Mills

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.

furnishing the information re	•	damage that would result from
CICNATURE OF ARRUGANT	DATE	
SIGNATURE OF APPLICANT		
	rk for which you have applied, we berly verify your identity, please co	may need to check records pertaining mplete the following information:
Date of Birth:	_ Sex: Male Female	
Month/Day/Year		
Race or Ethnic Group:	White	Black
	American Indian	Hispanic
	Asian	Othor

Attachment A

OP-090211

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. Please print legibly; the application will be return if it is not readable. Facility/district/unit where you desire to volunteer: _____ facility/district/unit volunteer coordinator must be contacted by the applicant or group leader identified below prior to submission of this application.) **Personal Information** Name: _____ (Last) (First) (MI) Mailing 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 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: _____

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

Phone: (_____)_____Address: ______

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, GED preparation
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 (R 9/11)
Type of Application

New Application

Renewal/Update

Please answer the following questions to the best of your ability
Attach additional pages if more space is needed for your response Why do you want to serve as a volunteer with the Oklahoma Department of Corrections?
If you have been incarcerated, convicted of a felony or struggled with substance abuse; describe the change that has taken place which has led to a positive, pro-social lifestyle.
(9/11)

Attachment J	
OP-090211	
Page 1 of 2	
Oklahoma Department of Corrections	
Volunteer Application Reference Form	
(This form is to be completed by someone who knows the applicant well enough	
to attest to their character and lifestyle)	
Name of Person applying to become a DOC Volunteer:	
(Last) (First) (MI)	
Your name:	
Relationship to applicant:	
Your address:	
Your phone number: e-mail address:	
How long have you known the applicant?	
Describe the behaviors that indicate the applicant is living a sober, drug free lifestyle:	
Describe the contributions the applicant makes to your community or organization:	
Describe why you believe the applicant is a responsible, productive citizen:	

OP-090211
Page 2 of 2
Please describe the qualities or skills the applicant possesses that would enable them to be an effective volunteer with the Oklahoma Department of Corrections and share any additional information you believe may be relevant in our processing of this application. Attach additional pages if necessary:
Signature Date
(9/11)

Attachment J