

**“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:**

**Tony M., Area 57 Corrections Chair**  
**corrections@aaoklahoma.org**  
**(405) 921-8737**

Cartoon used with permission of *The Grapeline*



- c) **Mail the forms to: (Check with the facility to see if they'd like you to send a copy to them at the same time.)**

**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.)**

Type of Application  
 New Application  
 Renewal/Update

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: \_\_\_\_\_ (The 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

/ / \_\_\_\_\_ 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, 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)

## 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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