

OKLAHOMA DEPARTMENT OF CORRECTIONS APPLICATION FOR VOLUNTEER SERVICES

PERSONAL INFORMATION

Last Name:	First Name/MI:
Home Address:	Home Telephone:
Work Address:	Work Telephone:

SSN:	DOB:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Do you have a valid Oklahoma driver license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you own a car?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Current Tag #:
Do you have liability insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Company Name/Policy No:
Do you have health benefit coverage or insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Kind and Name of Insurer:

Have you ever been convicted of a felony? No Yes

Do you currently have friends or relatives incarcerated or under the supervision of any program administered by the Oklahoma Department of Corrections? No Yes If yes, please list the name, relationship, and location of each.

EMERGENCY CONTACT INFORMATION

Name/Relationship:

Address/Telephone:

EDUCATION/SPECIAL SKILLS/OTHER TRAINING

EDUCATION: High School Graduate: <input type="checkbox"/> No <input type="checkbox"/> Yes	COLLEGE: (check last year completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Major: Minor:
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SPECIAL SKILLS AND EXPERIENCE: Circle any of the following in which you have special skills or experience:

<input type="checkbox"/> Planning	<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Horticulture
<input type="checkbox"/> Security	<input type="checkbox"/> Telephone Reception	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Organizing	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Education
<input type="checkbox"/> Counseling	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Construction
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Legal Research and/or Writing	
<input type="checkbox"/> Other		

Comments:

List Business or Trade School (license) or Other Training:

EMPLOYMENT EXPERIENCE

List your employment history (include resume on separate paper as needed):

REFERENCES

Please provide the names, addresses, and telephone numbers of two individuals who have knowledge of your character, skills, and abilities.

*Name**Address**Telephone Number***VOLUNTEER INFORMATION**

Briefly state your reasons for wanting to volunteer for the Oklahoma Department of Corrections:

AVAILABILITY: Indicate the hours you are available to work each day. (Example: Monday 10:00 a.m.--3:00 p.m.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

When can you start?

How long do you plan to work?

List any special interests and hobbies:

Have you done any other kind of volunteer work? No Yes If yes, please describe:

How did you hear about the volunteer program?

**THIS SECTION TO BE COMPLETED BY
DEPARTMENT OF CORRECTIONS STAFF UPON APPROVAL.**

Approved: Yes No

Date of Entry on Duty: