

SPECIAL EVENT PROPOSAL

This form is to be used for requests to bring a special event or a special activity to an Oklahoma Department of Corrections facility. The nature of this event requires special approval (i.e., large events; events where donations would be required; where food is requested to be brought in for the event; events that require special arrangements by the facility such as extra supervision by staff and/or volunteers or use of property not normally dedicated for that purpose).

It is the responsibility of the staff or the volunteer requesting a special event to submit this "Special Event Proposal" form to the volunteer coordinator at least 90 days in advance. The volunteer coordinator will forward the request to the facility administration within one week of receipt of the request.

The facility/unit head will approve or deny the request at least 45 days prior to the event.

Date Submitted	Date/Time of Proposed Event	Alternate Date/Time
----------------	-----------------------------	---------------------

Group or Organization	Contact Person
-----------------------	----------------

EVENT DETAILS

Type of Event: _____

Primary purpose/reason to conduct this activity: _____

Provide a brief description of the proposed activity and any background information (i.e., schedule of activities, details of past events, successful outcomes, issues or problems that were encountered). Attach additional pages, if needed.

What specific materials, supplies or resources will be required (i.e., chairs, music equipment, etc.)?

Where will this activity be held?

How many inmates are needed to assist with preparation of this activity? _____

How many inmates are needed to assist with conducting this activity? _____

What are the specific job duties for each inmate requested? Attach additional pages, if needed.

Estimated number of volunteers* that will participate: _____

Estimated number of special guests* that will participate: _____

*** Required information on volunteers and outside guests must be submitted to the facility volunteer coordinator at least two weeks in advance**

Approximate number of inmates this activity will benefit: _____

SUPERVISION OF THE EVENT

I understand that by signing below I commit to be present at the event. By giving my approval as a supervisor, I understand that the time spent at the event is work hours for which the employee must be paid. Staff supervisors may not grant approval that would result in post vacancies or would place an undue burden on other staff. At least one approved volunteer or staff sponsor must be present during the event.

_____ Volunteer/Staff Supervising Event	_____ Date	_____ Staff Member's Supervisor	_____ Date
_____ Volunteer/Staff Supervising Event	_____ Date	_____ Staff Member's Supervisor	_____ Date
_____ Volunteer/Staff Supervising Event	_____ Date	_____ Staff Member's Supervisor	_____ Date
_____ Volunteer/Staff Supervising Event	_____ Date	_____ Staff Member's Supervisor	_____ Date
_____ Volunteer/Staff Supervising Event	_____ Date	_____ Staff Member's Supervisor	_____ Date
_____ Volunteer/Staff Supervising Event	_____ Date	_____ Staff Member's Supervisor	_____ Date

STAFF USE ONLY

This event will be supervised by: ☐ Volunteers ☐ Staff ☐ Both volunteers and staff

How will this event be supervised? (Be specific) Attach additional pages, if needed.

Will this event require additional staff to process volunteers, special guests, or items brought into the facility? ☐ Yes ☐ No

Will supervision or processing for this event require overtime? ☐ Yes* ☐ No

If yes, what is the estimated overtime required? _____

***Any event requiring overtime must be reviewed by the chief administrator of Institutions**

Are there any additional security requirements for this activity?

Describe potential problems and solutions to successfully complete this activity:

******* REVIEW PROCESS *******

Proposal must be reviewed and approved by all involved supervisors

Chaplain/Volunteer Coordinator

Comments: _____

Recommendation: ☐ Approval ☐ Denial

Signature

Date

Security Staff

Comments: _____

Recommendation: ☐ Approval ☐ Denial

Signature

Date

Deputy Warden/Assistant Facility Head

Comments: _____

Recommendation: ☐ Approval ☐ Denial

Signature

Date

Warden/Facility Head

Comments: _____

Event/activity is: ☐ Approved* ☐ Denied

Signature

Date

* Chief administrator of Institutions Review is required by OP-090211 if this special event involves one of the following (check all that apply and forward to the chief administrator of Institutions with your recommendation):

☐ Volunteers or special guests in athletic competition with inmates

☐ Vehicles inside the facility during the event

☐ Events not sponsored by ODOC volunteers or staff

Recommendation: ☐ Approval ☐ Denial

Signature

Date

Chief Administrator of Institutions

Comments: _____

Event/activity is: ☐ Approved ☐ Denied

Signature

Date