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 an Oklahoma Department of Corrections (ODOC) Volunteer:		
(Last)	(First)	(MI)
Your name:		
Relationship to applicant:		
Your address:		
Your phone number:	e-mail address:	
How long have you known the applicar	nt?	
Describe the behaviors that indicate the	e applicant is living a sober, drug-free lifestyle	;
Describe the contributions the applican	nt makes to your community or organization:	
Describe why you believe the applicant	t is a responsible, productive citizen:	

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Please describe the qualities or skills the applicant povolunteer with the ODOC and share any additional processing of this application (attach additional page	information you believe may be relevant in our
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Signature	Date

(R 08/21)