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 applicant? _					
Describe the behaviors that indicate the ap	oplicant is living a sober, drug-free lifestyle:				
Describe the contributions the applicant ma	akes to your community or organization:				
Describe why you believe the applicant is a	a responsible, productive citizen:				

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	DOC and share	e any additional inf	ormation you beli	nable them to be an eff eve may be relevant	
Cianatura				Data	
Signature				Date	

(R 08/21)