



OREGON DEPARTMENT OF CORRECTIONS Volunteer Program LEADS Information Form (Confidential)

Name: _____ / _____ / _____
Last First Middle

Other Names: _____ / _____ / _____

Date of Birth: _____ / _____ / _____ Ethnicity (Optional) :
Year Month Day

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License#: _____ State: _____

Address: _____

Phone #: _____ Cell #: _____

By signing, you grant DOC permission to run a LEADS check and certify that the information provided above is correct and true to the best of your knowledge.

Signature: _____ Date: ____/____/____

Information/Permission received by phone.

The information below to be provided by ODOC section requesting the background check.

Section Requesting LEADS Check: _____ Institution/Facility: _____
Purpose/Reason for LEADS Check: _____

The information provided will be used only for the purpose indicated above and will be handled with confidentiality.

For Volunteers: Guest Speaker Becoming a Regular Volunteer

OJIN Needed: Yes No

State(s) Wanted for LEADS Check: _____

Function Unit Manager/Designee must review and approve in all cases where criminal history is discovered.

No Criminal Record Criminal Record Approved Denied

Reviewed by FUM: _____

Non-Carded Status Extended
When the box above is checked:
Cc. Volunteer Program
Cc. All Superintendents

LEADS Check Completed By: _____