Volunteer Information Update Form

Last Name: __________________________ First: __________________________ Middle: __________________________

Inactive Volunteers: If you are no longer actively volunteering, please check the box to the left and fill in your full name above. You do not need to fill out the rest of the form.
- If you’re an inactive volunteer and have an ID card, please mail this form and your ID card to the address at the bottom of the other side of the form.
- If you’re an inactive volunteer and do not have an ID card, you may either 1) email a copy or 2) mail this form to the appropriate address at the bottom of the other side of this form.

Active Volunteers: Please check the box to the left and complete the entire form. You may either 1) email a copy or 2) mail this form to the appropriate address at the bottom of the other side of this form.

Address: ___________________________________________ Home Phone: (____) _____ - ______
____________________________________________________
City: __________________________ State: ________
____________________________________________________
ZIP: __________________________
Email: ___________________________________________

Home Phone: (____) _____ - ______
Msg Phone: (____) _____ - ______
Cell Phone: (____) _____ - ______
Driver’s License #: ______________ State: ______
Date of Birth: / / ______

Education (Please check the highest completed):
☐ Elementary  ☐ Middle School  ☐ High School  ☐ Associates  ☐ Bachelors  ☐ Masters  ☐ Doctorate
Height: _____ ft _____ in  Weight: _____ lbs  Eye Color: ________ Hair Color: ___________

AFFILIATION/SPONSORING ORGANIZATION

Org. Name: ____________________________________________
Address: ____________________________________________
____________________________________________________
City: __________________________ State: ________
ZIP: ______________

Contact Person: ____________________________
Phone #: (____) _____ - ______
Emergency Notification

In case of emergency, please notify the following person:

Name: ___________________________  Daytime Phone: (____) _____ - ______
Address: ___________________________  Evening Phone: (____) _____ - ______
                      ___________________________  Msg/Cell Phone: (____) _____ - ______
City: _______________  State: _______  ZIP: ________  Relationship: _________________________

Emergency Information

Physician: ___________________________  Phone: (____) _____ - ______
Medical Condition(s): ________________________________________________________________
Allergies: _________________________________________________________________________

Background Investigation Section

Are you currently on parole or probation, or have you been arrested in the past year?  ☐ Yes  ☐ No
If yes, please give details: __________________________________________________________________

Are you currently on an Oregon Department of Corrections inmate’s visiting list; or are you related to or a close friend of an Oregon Department of Corrections inmate?  ☐ Yes  ☐ No  If yes, please list the following:

Inmate’s Name: ___________________________  SID: ___________  Relationship: ______________________
Inmate’s Name: ___________________________  SID: ___________  Relationship: ______________________
Inmate’s Name: ___________________________  SID: ___________  Relationship: ______________________

Please complete and return this form to:

**ODOC Volunteer Program**
% Two Rivers Correctional Institution
82911 Beach Access Road
Umatilla, OR  97882
volprog@doc.state.or.us