



State of Oregon  
 Department of Corrections  
 Volunteer Program

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

TO: Rev. Dr. Les Sinclair, Volunteer Program Manager  
 Oregon Department of Corrections  
 2575 Center Street NE  
 Salem, OR 97310-1061

FROM: \_\_\_\_\_ (Please Print Your Name)

SUBJECT: Volunteer Information Update

(Please supply only that information which has changed)

Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

E-Mail \_\_\_\_\_ Education \_\_\_\_\_

Affiliation \_\_\_\_\_ Contact \_\_\_\_\_

Affiliation Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Contact Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Notification \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Medical Information \_\_\_\_\_

Facilities Where You Volunteer \_\_\_\_\_ Supervisor \_\_\_\_\_

\_\_\_\_\_ Supervisor \_\_\_\_\_

Family Member is now a DOC inmate. Name \_\_\_\_\_ Facility \_\_\_\_\_

Please send me a new Position Description Form.