



STATE OF OREGON
DEPARTMENT OF CORRECTIONS

Volunteer Program

(541) 922-2069

(541) 922-2089

Volunteer Information Update

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.
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.

Form section for personal information including Address, City, State, ZIP, Email, Home Phone, Msg Phone, Cell Phone, Driver's License #, and 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
Form section for organizational details including Org. Name, Address, City, State, ZIP, Contact Person, and 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](mailto:volprog@doc.state.or.us)