



STATE OF OREGON
DEPARTMENT OF CORRECTIONS
Volunteer Program
 (503) 945-2848

Information Update

- Volunteer Student Intern Functional Unit: Religious Services Life Skills Education CTS Health Services Admin
 A&D (12-Step) Re-Entry Victim Services Inactive

If you are no longer actively volunteering, please check the Inactive box above and fill in your full name below. Do not fill out the rest of the form and then mail it to the address at the bottom of the other side of the form along with you ID Card (if you have one). Active volunteers should complete the entire form.

Last Name: _____ First: _____ Middle: _____

Address: _____ _____ _____ City: _____ State: _____ Zip Code: _____ Email: _____	Home Phone: (_____) _____ - _____ Msg Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ Driver's License #: _____ State: _____ Date of Birth: ____/____/____
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Education (Please circle the highest completed):

- Elementary Middle-School High-School Associates Bachelors Masters Doctorate

Ethnic Origin (Please circle):

- Caucasian Hispanic African American Asian Native American Other _____

Height: _____ Ft _____ In Weight: _____ Eye Color: _____ Hair Color: _____

AFFILIATION	
Name: _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____	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 Conditions: _____
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 a Department of Corrections' inmate? Yes No If yes, please list the following:

Inmate's Name: _____ SID: _____ Relationship: _____

Please complete and return the update form to:

Rev. Dr. Les Sinclair, CVA
Manager, Volunteer Program
Oregon Department of Corrections
2575 Center Street NE
Salem, OR 97310-0470