Oklahoma Department of Corrections

Group Leader Reference Form

To be completed by the recognized group leader for the prospective volunteer that has signed up to serve.

Name of the person that has signed up to serve as a DOC volunteer:

Last Name	First Name	MI
_____	_____	_____

Group Leader Information

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Name of Program: _____

Facility or Office where the volunteer will serve: _____

Knowledge and Recommendation of Prospective Volunteer

How long have you known the prospective volunteer? _____

Describe your understanding of the prospective volunteer's criminal history:

_____

_____

Based on your interactions with the prospective volunteer, describe how you believe they will positively affect your volunteer group's activities:

_____

_____

_____

By signing below and submitting this form, you endorse this prospective volunteer and express your desire for them to serve as part of your volunteer group.

Printed Name	Signature	Date
_____	_____	_____