Oklahoma Department of Corrections

Facility Volunteer Orientation Form

To be completed during the facility orientation process.

Name of the DOC volunteer:

_____ _____ _____
Last Name First Name MI

Facility Name: _____

Facility Chaplain/Volunteer Coordinator: _____

Topics Covered During This Facility Orientation:

Facility Overview

Key/Tool Control Procedures

Local Procedures

Process for Reporting Incidents

Check In/Out Process

Other Topics

This orientation was presented to the volunteer by:

Name: _____ Title: _____

I HEREBY VERIFY THAT I HAVE RECEIVED THE ABOVE INFORMATION AND COMPLETED ALL FORMS AS REQUIRED.

_____ _____
VOLUNTEER SIGNATURE FACILITY CHAPLAIN/VOLUNTEER COORDINATOR

_____ _____
DATE DATE

_____
PRINT VOLUNTEER NAME