

Verification of an Approved Volunteer

Volunteer's Name:	Last 4 Digits of Driver's License:
Institution:	Organization:

Volunteer Screening: (Verification of Volunteer Personal Information:)

Is volunteer related to or associated with any offender presently incarcerated or under the supervision of the Ohio Department of Rehabilitation and Correction? Yes No If Yes, _____ name

Has DRC Form 1500 - Nexus been completed? Yes No

Has a VNAMS search on DOTS Portal been completed? Yes No

Has the volunteer ever been a victim of crime? Yes No If YES, is the offender currently confined or under supervision of the Ohio Department of Rehabilitation and Correction? Yes No Unknown

If YES, please list inmate's/offender's name and location: _____

Updated information in D.O.T.S.? Yes No

Emergency Contact: _____
Name Phone Number

Verified by:	Name:	Date:
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DRC4375 (Rev. 09/09)

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