

**MEMORANDUM OF UNDERSTANDING AND
CONFIDENTIALITY STATEMENT**

I hereby request permission to work as a volunteer in and for the Oklahoma Department of Corrections. A volunteer/student intern is defined as any individual who provides services to the Oklahoma Department of Corrections without monetary compensation from the agency. This includes, but is not limited to, occupational and programmatic volunteers, regardless of whether or not they receive income from other than Department of Corrections' sources.

I understand that I may be in direct contact with convicted felons who are in the custody of the Oklahoma Department of Corrections, and some physical labor may be involved. All the dangers to me have been fully explained to my satisfaction, and I agree to fully assume all the risks which may result from my volunteer work in and for the Oklahoma Department of Corrections.

I agree to hold harmless the Oklahoma Department of Corrections for any and all damages/injuries should I sustain any damages/injuries arising out of any activities as a volunteer with the Oklahoma Department of Corrections.

I agree to complete an orientation session and all required training.

I understand, while serving as a volunteer for the Oklahoma Department of Corrections, I will comply with the rules specified in OP-090211, Attachment A entitled "Volunteer Code of Conduct and Rules for Volunteer Service."

I understand that the donation of my time and service does not represent employment or promise of employment, that I have no property interest in the position, and that I may be released from my duties as volunteer at the discretion of the agency.

Only the following type of information may be released about inmates:

- | | |
|------------------------------------|-----------------------------------|
| 1. Inmate Name- true and committed | 5. Current inmate register number |
| 2. Current place of incarceration | 6. Current Age |
| 3. Race | 7. Offense |
| 4. County of Conviction | 8. Sentence information |

Inmate records will not be available to volunteers unless they are needed in the course of rendering authorized professional service.

Signature

Witness

Date

Print Volunteer Name