

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
SPECIAL VOLUNTEER APPROVAL FORM**

Unit / Office: _____

Event Date: _____

Organization: _____

Begin Time: _____

Group Representative: _____

End Time: _____

Contact Information: _____

Volunteer Name <small>(Listed in Alphabetical Order)</small>			Driver's License			Ex-TDCJ Offender	If yes, provide release date	Entry	Entry	Volunteer Initials <small>Indicating they have read and understand the Orientation Letter</small>
Last	First	MI	State	Last 4 Digits Only	Number	Yes / No		Approved	Denied	
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Signature of Facility Administrator

Date