SPECIAL VOLUNTEER APPROVAL FORM

Unit / Office: _____

Organization: _____

Group Representative: _____

Contact Information: _____

Event Date: _____

Begin Time: _____

End Time: _____

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

Signature of Facility Administrator

Date