



Department of Rehabilitation & Correction

John R. Kasich, Governor
Gary C. Mohr, Director

Release of Information

Form with fields for Last Name, First Name, Middle Name, Social Security No., Street Address, State, Zip Code, Driver's License No., Date, Sex, Race, Date of Birth (month).

Warren Correctional Institution
Volunteer Update Information

Form with fields for Name (Last, First, Middle), Current Residence, Area Code/Phone Number, Email address.

Emergency Contact:

Form with three rows for Name and Area Code/Phone Number.

Are you related to or associated with any offender presently incarcerated or under the supervision of the ODRC?
Yes No If Yes have you submitted an updated DRC 1500 Staff Nexus form. Yes No

Acknowledgement of Receipt of the Standards of Conduct for Contractors, Volunteers and Interns

Initial

I hereby give permission and waive all provisions of company policy and law forbidding any school, court, police agency, union, firm or person from disclosing any knowledge or information they have concerning me. I agree to hold and hold harmless the person to whom this request is presented and his or her agents and employees against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or as a result of complying with this request.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.