## TEXAS DEPARTMENT OF CRIMINAL JUSTICE SPECIAL VOLUNTEER APPROVAL FORM

Unit / Office: Hutchins SJ / Chaplaincy Dept.						Event Date:  Begin Time:  End Time:				
Organization:  Group Representative:										
					Contact Information:					
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Volunteer Name						Ex-TDCJ				Volunteer Initials
(Listed in Alphabetical Order)			Driver's License		Offender	lf van mensiele	Entry	Entry	Indicating they have read and understand the Orientation	
Last	First	MI	State	First 4	Last 4	Yes / No	If yes, provide release date	Approved	Denied	Letter
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Date

Signature of Facility Administrator