



AGENCY REQUEST FOR COURT REFERRED VOLUNTEERS

(Please type or print clearly in ink)

Agency Name _____

Site Address _____

City _____, CA Zip Code _____ email _____

Major Cross Streets _____

Mailing Address (if Different) _____

City _____, CA Zip Code _____

Contact Person(s):

1. _____ 2. _____

Phone Number () _____ - _____ Fax Number () _____ - _____

Agency Description: _____

Time Requirement

DAY(S)	DAY HOURS (AM)		EVENING HOURS (PM)	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Clerical Computer Maintenance Physical ther _____

Job Description: _____

Check boxes if you will accept Court-Referred Volunteers who are:

Youth (Minimum Age) _____ Non-English Speaking Seniors (Maximum Age) _____
 Physically Challenged Developmentally Disabled:

Unacceptable Offenses: _____

Necessary Languages: _____

Special Instructions: _____

Submit completed forms via scanned e-mail, fax, or post service:

Sara Tuckerman-Cluff,
Court Referral Program Director
scluff@oneoc.org

Fax: 714-834-0585

Corporate Referral Program
1901 E. 4th Street, Suite 180
Santa Ana, CA 92795