



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Referral for and Acceptance  
of Volunteer Services**

PROGRAM DIVISION

To: \_\_\_\_\_  
Coordinator of volunteer services

Re: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Client's name

Worker's name and phone number \_\_\_\_\_ Case number \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Finding directions \_\_\_\_\_

**Family composition:**

**Reason for Referral:**

Conference needed with volunteer prior to visit? Yes  No

Preferred time and days for conference:

Worker signature \_\_\_\_\_ Date \_\_\_\_\_

Completed by coordinator of volunteer services

Name of Volunteer \_\_\_\_\_ Date assigned \_\_\_\_\_

Conference scheduled for \_\_\_\_\_ . Please confirm availability.

**Not accepted - reason:**

Volunteer coordinator \_\_\_\_\_ Date \_\_\_\_\_

Phone: