



## Oklahoma Citizen Corps Quarterly Activities Report

Please complete the Oklahoma Citizen Corps Quarterly Activities Report based on program activities from the previous quarter. Only answer those questions that are applicable to your program the past quarter. If you need additional space, attach pages to the end of this form. Mail, Fax or email the completed Quarterly Activities Report to the OKOHS Citizen Corps Program Manager within 15 days of the end of each calendar quarter. Thank you for taking the time to share information with us about your local programs.

**MAIL:** Oklahoma Citizen Corps Quarterly Activities Report, P.O. Box 11415, Oklahoma City, OK 73136

**FAX:** 405-425-7295 **EMAIL:** [citizencorps@dps.state.ok.us](mailto:citizencorps@dps.state.ok.us)

### Program Information

PROGRAM NAME:

AFFILIATED CITIZEN CORPS PROGRAM:	CERT	CITIZEN CORPS COUNCIL	FIRE CORPS
	MRC	NEIGHBORHOOD WATCH	VIPS

SPONSORING AGENCY:

POINT OF CONTACT:

WORK #: EMAIL:

CHECK THIS BOX IF THE POINT OF CONTACT AND/OR THE CONTACT INFORMATION HAS CHANGED FROM THE PREVIOUS QUARTER.

# OF VOLUNTEERS ADDED THIS QUARTER: TOTAL # OF VOLUNTEERS:

### Citizen Participation

1. Were citizen volunteers utilized to assist the fire department, law enforcement, emergency management, medical personnel or other first responders during an emergency response: (Please describe)



2. Did citizen volunteers participate in emergency training and/or exercises: (Please describe)

3. Total volunteer hours contributed during the previous quarter:

### **Citizen Corps Council Activities**

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4. List meetings held during the previous quarter:

5. Identify and describe any preparedness events which your program was included:

6. Identify and describe how your program partnered and/or supported other local programs:

7. Identify any honors and/or awards received: (Please describe)

8. Has your council received funding this quarter for activities/events? If so, how much, from whom and how was it utilized? (Please describe)

## Other Information

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9. Upcoming activities: (Please describe)

10. Identify key challenge(s): (It should be noted that OKOHS acknowledges funding is a key challenge.)

11. Assistance needed from OKOHS:

12. Additional comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date