

Oklahoma Alcohol Compliance Check Protocol



**Youth Volunteer Information and Screening Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Contact 1:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 2:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 3:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 4:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 5:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 6:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 7:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 8:    Male/Female            Aged Guessed \_\_\_\_\_

Contact 9:    Male/Female            Aged Guessed \_\_\_\_\_

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Contact 10:    Male/Female                    Aged Guessed \_\_\_\_\_

Deputy/Officer Conducting Screening: \_\_\_\_\_

Witness: \_\_\_\_\_