



OKLAHOMA PARTNERSHIP FOR SUCCESSFUL REENTRY, INC. PARTICIPANT AGREEMENT

Individual's Name: _____ Title: _____

Organization: _____

As a participant in the Oklahoma Partnership For Successful Reentry, Inc., hereinafter referred to as "OPSR", I understand that my duties and responsibilities include the following:

- I accept the bylaws and operating principles of OPSR and its mission statement, which is:
To network, educate, and be a voice for Oklahoma's reentry service providers and those they serve.
- I will listen carefully to and respect the opinions of fellow OPSR participants as well as encourage and support OPSR leadership.
- I will actively promote OPSR to other reentry service providers.
- I will attend at least four (4) OPSR general meetings or educational events per year and I will support majority decisions, as well as OPSR's efforts to network, educate, and be a collective voice for all Oklahoma reentry service providers.
- I will keep well informed of matters which may come before OPSR and I will bring to the attention of OPSR any issues I believe may have an adverse effect on the organization, its participants, and those we serve.
- I will refer complaints to the proper level of the chain of command.
- I will share the responsibility for event planning by offering my assistance and I will support events by my attendance.
- I will help with the fundraising activities for this organization in whatever ways are best suited for me, which may include solicitation, writing letters of support, a personal donation, etc.
- If my organization's ministry/program utilizes volunteers in the Oklahoma Department of Corrections (ODOC) facilities, our volunteers will be instructed to adhere to ODOC rules and regulations or be subject to suspension for failure to do so.
- As an OPSR participant, I specifically agree that I will not recruit volunteers from other participant organizations nor utilize information gained from other participants for my organization's gain, without specific written permission being granted.
- I understand that every OPSR participant is making a statement of faith about the commitment of other OPSR participants to honor this Agreement to the best of their ability.
- I recognize that if I fail to act with integrity, in good faith, and/or support of OPSR or its individual participants, that I must resign, or an officer from OPSR may ask me to resign.

Signature: _____ Date: _____