



ONTARIO

VOLUNTEER APPLICATION

PERSONAL INFORMATION

MUST BE OVER 18 YRS OLD TO VOLUNTEER

PLEASE PRINT CLEARLY

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Number & Street) (City) (Zip Code)

EMPLOYER: _____
(Company) (Address)

HOME PHONE: () _____ CELL PHONE: () _____

EMAIL: _____

CITIZENSHIP: _____ DRIVER'S LICENSE: _____

EDUCATION: _____

MILITARY SERVICE: _____

EMERGENCY CONTACT: _____
(Name) (Phone) (Relationship)

VOLUNTEER EXPERIENCE

ORGANIZATION: _____ DATES: _____ TO _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

REFERENCES

Please list 2 individuals (other than family) who have known you for at least 1 year.

(Name) (Address) (Phone)

(Name) (Address) (Phone)



ONTARIO

VOLUNTEER APPLICATION (Continued)

SPECIAL INTEREST/TALENTS THAT COULD RELATE TO YOUR DUTIES:

IF YOU HAVE ANY PERSONAL HEALTH PROBLEMS THAT MIGHT REQUIRE EMERGENCY TREATMENT, PLEASE LIST BELOW WITH YOUR DOCTOR'S CONTACT (IF APPROPRIATE):

HOW DID YOU HEAR ABOUT THE USO? _____

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE USO? _____

DAYS AND SHIFT TIMES YOU WOULD BE INTERESTED IN WORKING:

WEEKDAYS ONLY: WEEKENDS ONLY: BOTH:
6AM-10AM: 10AM-2PM: 2PM-6PM: 6PM-10PM:

IF ASSIGNED AS A USO VOLUNTEER, I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE USO AT ONTARIO.

SIGNATURE: _____ DATE: _____

USO REPRESENTATIVE: _____ DATE: _____

Please return completed application to: **USO-ONTARIO**
PO Box 4256
Ontario, CA 91761-8956
Phone: 909-390-4274
Fax: 909-390-4380

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE USO-ONTARIO: