



USO ONTARIO
Volunteer Application

1940 E. Moore Way- West Wing
Ontario, CA. 91761
(909) 390-4274
(909) 390-4380 Fax

Date: _____

Name: _____
First M.I. Last

Street Address: _____
City State Zip

E-Mail: _____ Home Phone: () _____

Birth Date: _____ Mobile Phone: () _____
(Volunteers must be at least 18 years old. There is no maximum age restriction whatsoever. We need to know your age for statistical purposes only. This information will be kept confidential.)

Are you employed outside the home? Yes No

If yes, employer: _____ Position: _____

Length of time employed there: _____ Work Phone: () _____

In case of emergency, USO Ontario should contact:

Name	Relationship	Phone
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Do you have any Volunteer Experience? *(Please list nonprofits, dates involved, responsibilities):*

Do you have any physical limitations? Yes No *If Yes, Please describe:* _____

Why are you interested in volunteering at this time? _____

How did you hear about the USO? _____

USO ONTARIO

Enter your level of expertise next to the appropriate category on the list below:
1 - expert, 2 – very good, 3 – good, 4 - novice

Administration

- ___ 101 Receptionist
- ___ 102 Customer relations
- ___ 103 Editor/writer
- ___ 104 Word processing
- ___ 105 Letter writing
- ___ 106 Filing
- ___ 107 Artwork Generation
- ___ 108 Photography

Computer

- ___ 201 Programming
- ___ 202 Excel
- ___ 203 Word
- ___ 204 Power Point
- ___ 205 Publisher
- ___ 206 Outlook
- ___ 207 System operation
- ___ 208 IT experience
- ___ 209 Web design/web graphics

Financial

- ___ 301 CPA
- ___ 302 CFO
- ___ 303 Bookkeeper
- ___ 304 Cashier
- ___ 305 Accountant
- ___ 306 Financial analyst
- ___ 307 Financial manager

Legal

- ___ 401 Attorney
- ___ 402 Judge or magistrate
- ___ 403 Paralegal

Marketing

- ___ 501 Marketing manager
- ___ 502 Marketing development
- ___ 503 Marketing research
- ___ 504 Income development
- ___ 505 Public relations
- ___ 506 Solicitation writing
- ___ 507 Public speaking
- ___ 508 Event planning
- ___ 509 Training and development
- ___ 510 Special events help

Management

- ___ 601 Non-commissioned rank
- ___ 602 Commissioned rank
- ___ 603 Military level O-5
- ___ 604 Military level O-6
- ___ 605 Private Industry
- ___ 606 Media and communications
- ___ 607 Strategic planning

Mobile

- ___ 701 Pick up kitchen supplies
- ___ 702 Pick up office supplies
- ___ 703 Pick up groceries

Kitchen

- ___ 801 Cooking
- ___ 802 Serving
- ___ 803 Cleaning up

Entertainment

- ___ 901 Musical instrument
- ___ 902 Singing

Handyman

- ___ 1001 Plumber
- ___ 1002 Woodwork
- ___ 1003 Electrician
- ___ 1004 Painter

References: Please list the names, telephone numbers and addresses of three people, *other than relatives*, who have known you for several years. If employed, please include the name of your present employer as one reference.

Note: These responses will be kept confidential by USO Ontario

Name	Address	Phone
1.		
2.		
3.		

I, _____ give permission for the USO Ontario to contact any of the above individuals.

Signature

Date

Please indicate the day(s), time(s), Weekly, Monthly, you will be available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 6am-10am	<input type="checkbox"/> 6am-10am	<input type="checkbox"/> 6am-10am	<input type="checkbox"/> 6am-10am	<input type="checkbox"/> 6am-10am	<input type="checkbox"/> 6am-10am	<input type="checkbox"/> 6am-10am
<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm
<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm
<input type="checkbox"/> 6pm-10pm	<input type="checkbox"/> 6pm-10pm	<input type="checkbox"/> 6pm-10pm	<input type="checkbox"/> 6pm-10pm	<input type="checkbox"/> 6pm-10pm	<input type="checkbox"/> 6pm-10pm	<input type="checkbox"/> 6pm-10pm

I certify that to the best of my knowledge, the preceding information is correct.

Signature

Date

USO VOLUNTEER PROGRAM NON-BINDING STATEMENT OF UNDERSTANDING

USO and (Volunteer)

Thank you for becoming a volunteer. We welcome you as a member of the growing community of individuals whose lives have been enriched by the USO's efforts to help the men and women of the armed services. We hope that you will benefit from your volunteer experience.

Whether you are serving as an individual volunteer or as part of a small group, you provide valuable assistance to the USO.

The USO encourages maximum involvement of volunteers; please let us have your suggestions. Your involvement helps promote good agency/community relations and allows us to enhance our programs and services.

Most services provided by volunteers do not require special skills. A staff member will provide training and guidance and will answer your questions.

Feel free to discuss any concerns you may have about the volunteer program with the Operations Manager.

Volunteer Responsibilities. We ask that our volunteers:

Be sincere in their offer of service and believe in the value of the job to be done

Be willing to learn

Be willing to participate in orientation and training

Work to understand the function of the staff and maintain smooth working relationships with them

Stay within the bounds of volunteer responsibility

Accept the guidance and decisions of the Operations Manager and/or Center Manager

Maintain the dignity and integrity of community service with the public

Carry out your assigned duties promptly and reliably

Be punctual

Dress in USO appropriate clothing

Liability. All accidents must be reported immediately to the manager on duty or to the volunteer coordinator.

The USO does not provide insurance coverage for volunteers. In the event of an accident, the volunteer is responsible for obtaining and paying for treatment.

Time. Days and hours will be agreed upon by the volunteer and the Scheduler and/or Center Manager

Volunteer Status: This statement of understanding is not an offer of employment or a promise of future employment. Individuals participating in the USO Volunteer Program are considered to be volunteers and therefore not entitled to any form of compensation or employer-funded benefits.

Employment. The USO is under no obligation to hire any volunteer participating in the Volunteer program.

I, the undersigned, agree to abide by the statements listed above. By signing this agreement, I state that I have received a copy of the volunteer manual to review for additional policies and procedures and understand that I am responsible for familiarizing myself with its provisions.

VOLUNTEER INFORMATION

REQUIRED SIGNATURES

Print name

Volunteer Signature

Address

Center Manager

City, State, Zip

Center Address

Phone

Operations Manager
(if available)

Date

Date

RELEASE OF LIABILITY

I _____ am aware that volunteering for the USO Ontario could involve risks of personal injury, property damage and other risks associated with volunteer service.

I release the USO Ontario, its employees, Board of Directors and organizers of the organizations events from liability for any loss, damage and claims, including attorney fees on account of injury to me or my property arising from volunteering.

I hereby hold harmless the USO Ontario and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the agency.

These releases are effective for personal representatives, my assigned heirs and me.

I know that if I become injured while participating in volunteer events, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash or other methods.

I assume full responsibility for any and all claims and costs (including my own) arising directly or indirectly out of activities, acts or omissions while volunteering with the USO.

I furthermore give any organization involved with the USO permission to photograph me. I understand that the organizations have permission to use these photographs/videotapes for publicity purposes, unless written notice is received to the contrary.

I certify that the statements made in this volunteer release are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the organization from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.

PRINT NAME: _____

SIGN NAME: _____ DATE: _____