



USO SAN DIEGO
Volunteer Application

303 A Street, Suite 100
San Diego, CA 92101
(619) 235-6503; DOWNTOWN
(619) 296-3192; AIRPORT

Date today: Volunteer Anniversary date:

Name: Include Mr., Mrs., Ms., Rank, etc. 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 San Diego should contact:

Name Relationship Phone

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 SAN DIEGO

USO Location (check one)

\_\_\_\_\_ Downtown \_\_\_\_\_ Airport \_\_\_\_\_ Either

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

**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 San Diego

Name	Address	Phone
1.		
2.		
3.		

I, \_\_\_\_\_ give permission for the USO San Diego to contact any of the above individuals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Where would you like to volunteer?  Downtown  Airport  Either

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

**Downtown schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 11am-3pm	<input type="checkbox"/> 11am-3pm
<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 3-6pm
<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 6-9pm	<input type="checkbox"/> 6-9pm
<input type="checkbox"/> 6-9pm	<input type="checkbox"/> 6-9pm	<input type="checkbox"/> 6-9pm	<input type="checkbox"/> 6-9pm	<input type="checkbox"/> 6-9pm		

**Airport schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 6am-12pm	<input type="checkbox"/> 6am-12pm	<input type="checkbox"/> 6am-12pm	<input type="checkbox"/> 6am-12pm	<input type="checkbox"/> 6am-12pm	<input type="checkbox"/> 6am-12pm	<input type="checkbox"/> 6am-12pm
<input type="checkbox"/> 12-6pm	<input type="checkbox"/> 12-6pm	<input type="checkbox"/> 12-6pm	<input type="checkbox"/> 12-6pm	<input type="checkbox"/> 12-6pm	<input type="checkbox"/> 12-6pm	<input type="checkbox"/> 12-6pm
<input type="checkbox"/> 6-12am	<input type="checkbox"/> 6-12am	<input type="checkbox"/> 6-12am	<input type="checkbox"/> 6-12am	<input type="checkbox"/> 6-12am	<input type="checkbox"/> 6-12am	<input type="checkbox"/> 6-12am

I am only interested in special events \_\_\_\_\_

We sometimes have long-term projects that require a time commitment over several months. Are you available for such projects?  Yes  No

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Our Mission is to enhance the quality of life of the United States Armed Forces personnel and their families in the San Diego area and live up to a WORLD CLASS USO organization.

USOSD-8/2009

**USO VOLUNTEER PROGRAM**  
**NON-BINDING STATEMENT OF UNDERSTANDING**

USO and (Volunteer)

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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. As you contribute your talent, time and energy, we hope you know that your assistance benefits the needs of the entire community.

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. In making assignments to specific duties within the USO, we are asking you to share your abilities to assist us where you are needed the most.

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

**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 volunteer coordinator and/or Center Director

Maintain the dignity and integrity of community service with the public

Carry out your assigned duties promptly and reliably

**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 volunteer coordinator and/or Center Director.

**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.

**Work Sites.** The volunteer coordinator and the volunteer will agree upon the exact type of service to be performed and location of the work site.

**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 Director**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Center Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Volunteer Coordinator Signature**  
(if available)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

## RELEASE OF LIABILITY

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

I release the USO of San Diego, 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 of San Diego 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: \_\_\_\_\_ SSN:# \_\_\_\_\_

SIGN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

A PARENT OR GUARDIAN MUST SIGN IF UNDER AGE 18 AT THE TIME OF SIGNATURE.