



BOB HOPE HOLLYWOOD USO AT LAX VOLUNTEER APPLICATION

PERSONAL

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

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

EMPLOYER: _____
(Company) (Address)

DAYTIME PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

CITIZENSHIP: _____ DRIVER'S LICENSE #: _____

EDUCATION: _____

MILITARY SERVICE: _____

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

ADDRESS: _____

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)

VOLUNTEER APPLICATION (Continued)

SPECIAL INTERESTS/TALENTS THAT COULD RELATE TO YOUR USO 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? _____

HOURS OF OPERATION ARE: ***OPEN 24 HOURS, 7 DAYS A WEEK***

BEST TIME FOR YOU TO VOLUNTEER:

DAY OF WEEK: _____ TIME: () 6 AM – 10 AM () 10 AM – 2 PM
() 2 PM – 6 PM () 6 PM – 10 PM
() 10 PM – 2 AM () 2 AM – 6AM
() Flextime (state hours): _____

WHICH OF THE FOLLOWING ARE YOU INTERESTED IN:

WEEKLY VOLUNTEER WORK _____ ON CALL ONLY _____ BOTH WEEKLY & ON CALL _____

THE ABOVE INFORMATION IS PROVIDED TO THE BEST OF MY KNOWLEDGE.

IF ASSIGNED AS A USO VOLUNTEER, I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE BOB HOPE HOLLYWOOD USO AT LOS ANGELES.

SIGNATURE: _____ DATE: _____

USO REPRESENTATIVE: _____ DATE: _____

Please return completed application by either of the two methods:

- Email (electronic completion) to: bobhopeusolax@aol.com
- Mail (manual completion) to: Bob Hope Hollywood USO at LAX
203 World Way Suite #200
Los Angeles CA 90045

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE BOB HOPE HOLLYWOOD USO!