



USO OF NORTHERN OHIO VOLUNTEER INFORMATION SHEET

(Please Print)

DATE RECEIVED IN OFFICE: _____ BIRTHDAY _____ / _____
Mo Yr

NAME _____
Last First

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (_____) _____ ALTERNATE PHONE (_____) _____

E-MAIL _____

VOLUNTEERING PREFERENCE:

MEPS (Military Entrance Processing Station) Hours of operation: M-F 7am-5pm

MAIN OFFICE _____ CANTEEN _____

LOCATION: 20637 EMERALD PARKWAY, CLEVELAND, OH 44135 PH: 216-265-3680

TOLEDO OFFICE: _____ Hours of operation: vary (call for more info)

LOCATION: 28828 GLENWOOD RD, PERRYSBURG, OH 43551 PH: 419-662-1373

AIRPORT LOUNGE _____ Hours of operation: 7 days/week 8am-10pm

LOCATION: CLEVELAND HOPKINS AIRPORT (baggage claim level 1) PH: 216-262-2738

CANTON CARE PACKAGE PROGRAM _____ Hours of operation: Tues-Sat. 8:30am-4:30pm

LOCATION: 4932 HOSSLER DR. NW, NORTH CANTON, OH 44720 PH: 330-497-7628

CHAGRIN FALLS CARE PACKAGE PROGRAM _____ Hours of operation: Mon & Wed. 2pm-4pm

LOCATION 16706 CHILLICOTHE RD. CHAGRIN FALLS, OH 44023 PH: 440-864-1989 or 440-338-7221

SPECIAL EVENTS _____ (call Emma at 216-265-3680 for more information)

DESIRED SCHEDULE: (Before signing up please check hours of operation to determine if you'd be available)

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

SATURDAY _____ SUNDAY _____ TIME OF DAY: AM _____ PM _____

SIGNATURE: _____ - USO may do a basic back ground check.

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