



USO OF NORTHERN OHIO VOLUNTEER INFORMATION SHEET

(Please Print)

DATE RECEIVED IN OFFICE: _____ BIRTHDAY _____ / _____

NAME _____

ADDRESS _____ CITY _____ ZIP _____

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

EMERGENCY (_____) _____ E-MAIL _____

VOLUNTEERING PREFERENCE:

MEPS (Military Entrance Processing Station)

OFFICE _____ CANTEEN _____

LOCATION: 20637 EMERALD PARKWAY, CLEVELAND, OH 44135

AIRPORT CANTEEN _____

LOCATION: CLEVELAND HOPKINS INTL. AIRPORT (baggage claim level 3- near Police Station)

CANTON CARE PACKAGE PROGRAM _____

LOCATION: 4932 HOSSLER DR. NW, NORTH CANTON, OH 44720 (formally Shuffel Dr.)

MADISON CARE PACKAGE PROGRAM _____

LOCATION: 7480 NORTH RIDGE RD, MADISON, OH 44057

SPECIAL EVENTS _____

DESIRED SCHEDULE:

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

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

SIGNATURE: _____

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