



USO of Wisconsin Volunteer Application/
Release of Liability and Indemnity Agreement

Date: _____

Name: _____
(Please include first and last name, and military rank if applicable)

Home Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Date of Birth: _____ (Volunteers must 18 years or older. There is no maximum age restriction.
Information is for statistical purposes only and is confidential)

Name of Employer: _____

Position: _____ Length of Employment: _____

Work Phone: (____) _____ May we contact your employer:? Yes _____ No _____

Emergency contact information:

Name Relationship Phone

Please list the shift times you are available and willing to volunteer

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Evenings and other times available for special events: _____

As a condition of volunteer service, the USO of Wisconsin conducts criminal background checks. Do you consent to a
criminal background check? _____

Please list any volunteer experience, include name of organization, dates of service and duties: _____

Do you have any physical limitations? If yes, please describe: _____



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Why are you interested in volunteering with the USO at this time, AND how did you hear about us?

Please check all applicable skills you have and which you are willing to share or contribute to the USO.

Writing_____ public speaking_____ art work_____ carpentry_____ data base_____

word processing_____ excel/spreadsheets_____

other_____

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 or co-workers as a reference. Note: Their responses will be kept confidential by the USO of Wisconsin.

1) _____

2) _____

3 _____

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

I certify the information provided above is correct and accurate to the best of my knowledge.

Name Date

Signature



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

I release the USO of Wisconsin, its employees, Board of Directors and organizers of the organization's events from liability for any loss, damage and claims, including attorney fees resulting from injury to me or damage to personal property arising from volunteering.

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

These releases are effective for myself, any personal representatives, and assigned heirs.

I understand that if I become injured while participating in volunteer events, I am responsible for my health care expenses and have made such arrangements to cover 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.

Furthermore, I grant 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 are given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest. 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: _____

Signature: _____

Date: _____