

TRAVELERS AID of THE INLAND EMPIRE
1923 E. Avion St., Ontario, CA 91761
Phone: (909)544-5378 Fax: (909)390-4200
www.travelersaidie.org

Volunteer Application

Date _____

Last name _____ First name _____

Address _____ City _____ Zip _____ Phone _____

E-Mail _____ Cell- Phone _____

Date of birth _____ Place of birth _____

Title: Mr. ____, Mrs. ____, Ms ____, Miss ____, Rev. ____, Dr. ____, Other _____

Occupation: _____ Present Employer _____

Last employment experience: _____

In case of emergency contact _____ Phone: _____

Personal References:

Name _____ Phone no. _____

Name _____ Phone no. _____

Education	^	Language Skills	Speak	Read	Write
High School		English			
College		Spanish			
Business		French			
Other		German			
Other		Other			

Special Skills	^
Fund Raising	
Information Gathering	
Record Keeping	
Volunteer Coordinating	
Community Contacts	
Training	
Computer Skills	

Volunteer placements are located at Ontario International Airport.

Please check assignment preference (1st, 2nd and 3rd choice)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 to 1							
1 to 5							
5 to 9							

Volunteer Experience: _____

How did you become aware of Travelers Aid? _____

What do you want to achieve by volunteering? _____