



Rhode Island

T. F. Green International Airport

AIRPORT VOLUNTEER PROGRAM APPLICATION FORM

PERSONAL INFORMATION

Name (First, Middle Initial, Last): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail: _____

Date of Birth: _____

Name as you would like it to appear on your nametag: _____

EMERGENCY CONTACT INFORMATION:

Name (First, Middle Initial, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Relationship: _____

Email Address: _____

VOLUNTEER EXPERIENCE/SKILLS

List any trainings, certifications, designations, classes or skills that might relate to this program: Also, list any current or previous volunteer experiences with dates of service and/or special skills

BACKGROUND

Is there anything that may disqualify you from volunteering at the airport? Yes No

If 'Yes', please explain: _____



If referred by a volunteer, please list his/her name: _____

TELL US ABOUT YOU

Why do you want to volunteer at the Airport?

What do you hope to gain from volunteering at the Airport? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Meet new people |
| <input type="checkbox"/> Stay active | <input type="checkbox"/> Helping others feels good |
| <input type="checkbox"/> Maintain interest in aviation | <input type="checkbox"/> I like answering questions and giving direction |
| <input type="checkbox"/> Be an ambassador for Rhode Island | <input type="checkbox"/> I want to give back to my community |
| <input type="checkbox"/> Pursue employment | <input type="checkbox"/> Other: _____ |

In addition to English, do you speak any other languages? Yes No

If yes, please list: _____

What days of the week are you available to volunteer? (Please check all that apply.)

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |

Which shifts are you available to volunteer? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Morning
9:00am to 1:00 pm | <input type="checkbox"/> Afternoon
1:00pm to 5:00pm | <input type="checkbox"/> Evening
5:00pm to 9:00pm |
| <input type="checkbox"/> Morning
8:000 am to 12:00 pm | <input type="checkbox"/> Afternoon
12:00 pm to 4:00 pm | <input type="checkbox"/> Evening
4:00 pm to 8:00 pm |

How many shifts per month are you available to volunteer? (Please check all that apply.)

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Three shifts | <input type="checkbox"/> Five shifts | <input type="checkbox"/> Seven shifts | <input type="checkbox"/> More than eight shifts |
| <input type="checkbox"/> Four shifts | <input type="checkbox"/> Six shifts | <input type="checkbox"/> Eight shifts | |



HOW DID YOU HEAR ABOUT US? (Please check all that apply.)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Flying out of PVD | <input type="checkbox"/> Volunteer Brochure/Flyer |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Airport Website | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Airport Employee | <input type="checkbox"/> Other: _____ |

VOLUNTEER AGREEMENT

As a volunteer, I agree that my participation in the Volunteer Program is completely voluntary and without contemplation of compensation or benefits of any kind. I agree that I will attend all required training sessions and serve at least 12 hours per month for a minimum of six months. My volunteer application will remain on file for 1 year and I will be contacted if there is a volunteer opportunity that meets my availability.

As a program volunteer, I understand that volunteers do not receive airline discounts or flying privileges and that submitting an application does not guarantee placement in the program. I understand that to be considered as a volunteer, I must complete and pass a criminal background check. I understand that the volunteer role requires the ability to stand and move about the terminal for part or all of a volunteer shift (reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the Volunteer Program).

I certify that the information contained in this application is true, correct and complete.

Applicant Signature

Date

Send your completed application to:

Rhode Island Airport Corporation
Attn: Customer Service Department
2000 Post Road, Warwick RI 02886
customerservice@pvdairport.com

The purpose of this program is not intended to assist those interested in finding/seeking employment at the Airport.

If you are actively seeking employment with the Airport and its tenants (security, airline, concessions, etc.), please visit <https://www.pvdairport.com/corporate/careers> for instructions to apply.

