

# **Rhode Island**

## T. F. Green International Airport

### VOLUNTEER MUSIC PROGRAM APPLICATION FORM

#### PERSONAL INFORMATION

Name (First, Middle Initial, Last):		Date:	
Address:			
City:	State:	Zip:	
Home Phone #:			
E-Mail:			
Date of Birth:			
Name as you would like it to appear			
EMERGENCY CONTACT INFOR	RMATION:		
Name (First, Middle Initial, Last):			
Address:			
City:	State:	Zip:	
Home Phone #:		_Cell Phone #:	
Work Phone #:	Relationship:		
Email Address			

#### MUSIC EXPERIENCE/SKILLS

Please list any trainings, certifications, designations, classes or skills that might relate to this program



### **BACKGROUND** □ No If 'Yes', please explain If referred by a volunteer, please list his/her name: **TELL US ABOUT YOU** What instruments(s) are you proficient with? What type/genre(s) of music do intend to play as part of our program? What days of the week are you available to volunteer? (Please check all that apply.) □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday Which shifts are you available to volunteer? (Please check all that apply) □ Morning □ Afternoon □ Evening 9:00am to 1:00 pm 1:00pm to 5:00pm 5:00pm to 9:00pm □ Morning □ Afternoon □ Evening 8:00 am to 12:00 pm 12:00 pm to 4:00 pm 4:00 pm to 8:00 pm How many shifts per month are you available to volunteer? (Please check all that apply.) □ Three shifts □ Five shifts □ Seven shifts □ More than eight shifts



□ Eight shifts

□ Six shifts

□ Four shifts

HOW DID YOU	HEAR ABOUT US? (Please ch	eck all that apply.)
□ Volunteer	□ Flying out of PVD	□ Volunteer Brochure/Flyer
□ Friend	□ Airport Website	□ Advertisement
□ Relative	□ Airport Employee	□ Other:
VOLUNTEER A	GREEMENT	
As a volunteer, I	agree that my participation in t	he Volunteer Music Program is completely voluntary and
without contempla	ation of compensation or benefit	ts of any kind. I agree that I will attend all required training
sessions and ser	ve at least 12 hours per month f	or 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.
that submitting a considered as a volunteer role reconstruction (reasonable according)	in application does not guaran volunteer, I must complete and quires the ability to stand and i	eers do not receive airline discounts or flying privileges and atee placement in the program. I understand that to be pass a criminal background check. I understand that the move about the terminal for part or all of a volunteer shift enable individuals with disabilities to perform the essential
I certify that the ir	nformation contained in this app	lication is true, correct and complete.
Applicant Signat	ure	
	Send your co	ompleted application to:
		and Airport Corporation
	2000 Post F	mer Service Department Road, Warwick RI 02886
	customers	ervice@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 <a href="https://www.pvdairport.com/corporate/careers">https://www.pvdairport.com/corporate/careers</a> for instructions to apply.

