



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 #: _____ 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: _____

MUSIC EXPERIENCE/SKILLS

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

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

What instrument(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

9:00am to 1:00 pm

Afternoon

1:00pm to 5:00pm

Evening

5:00pm to 9:00pm

Morning

8:00 am to 12:00 pm

Afternoon

12:00 pm to 4:00 pm

Evening

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

Four shifts

Six shifts

Eight shifts



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

Volunteer	Flying out of PVD	Volunteer Brochure/Flyer
Friend	Airport Website	Advertisement
Relative	Airport Employee	Other:

VOLUNTEER AGREEMENT

As a volunteer, I agree that my participation in the Volunteer Music 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.

