



# 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: \_\_\_\_\_

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## TELL US ABOUT YOU

Why do you want to volunteer at the Airport?

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

