

## Airport Volunteer Program APPLICATION FORM

## **PERSONAL INFORMATION**

Name (First, Middle Initial, Last):_			Date:			
Address:						
			Zip:			
Home Phone #:		Cell Phone #:				
E-Mail:						
Date of Birth:						
Place of Birth (City, State, Country	/):					
EMPLOYMENT						
What is your current job status?	□ Full Time	□ Part-Time	□ Contract			
•	□ Student	□ Retired	□ Unemployed			
If employed, please list: Employer	:					
Position:						
If your current job status changes,	would you continue	e to volunteer? □ Yes	□ No □ Unsure □ N/A			
EDUCATION						
I have completed: □ High School □	₃ Some College □ C	ollege □ Graduate Sch	nool □ Other Name of last			
educational institution attended:						
List any additional trainings, certifi	cations, designation	s, classes or skills tha	t might relate to this program:			
REFERENCE						
Please provide a personal or profe	essional reference w	hom we may contact	(no relatives). Please advise			
your reference that he/she will be	contacted.					
Name (First, Last):						
Address:						
City:						
Phone #:		Email:				
Relationship to applicant:						



## **BACKGROUND** Is there anything that may disqualify you from volunteering at the airport? □ Yes □ No If 'Yes', please explain: \_\_\_\_\_ **HOW DID YOU HEAR ABOUT US?** How did you learn of the program? (Check all that apply.) □ Volunteer Brochure/Flyer □ Volunteer □ whitesidecountairport.org □ Friend □ whiteside.org □ Volunteer Fair/Event/Presentation □ Relative □ Flying through SQI If referred by a volunteer, please list his/her name: VOLUNTEER EXPERIENCE/SKILLS List current or previous volunteer experiences with dates of service and/or special skills: **TELL US ABOUT YOU** Why do you want to volunteer at the Airport? What do you hope to gain from volunteering at the Airport? (Check all that apply.) □ Learn new skills □ Meet new people □ Fitness, Stay active □ Helping others feels good □ Maintain interest in aviation □ I like answering questions and giving direction □ Be an ambassador for SQL □ I want to give back to my community □ Other: □ Pursue employment In addition to English, do you speak any languages? Yes □ No If yes, please list: What days of the week are you available to volunteer? (Check all that apply.) □ Monday □ Tuesdav □ Thursday □ Wednesday



□ Sunday

□ Saturday

□ Friday

Whic	h shifts are you available to vo	•		vening (3:00pm-7:00pm)
How	many shifts per month can yo	u available to volur	iteer? (Check all that apply.)	
	□ Three shifts (minimum)	□ Five shifts	□ Seven shifts	□ More than eight shifts
	□ Four shifts	□ Six shifts	□ Eight shifts	
Addit	ional information that you wou	ld like to share:		
VOL	LUNTEER AGREEMEN	т		
will a	volunteer, I agree that my settend all required training sest months.		·	•
volun	volunteer, I understand that that the steers do not receive any disconnantee placement in the Progra	ounts or flying privil		
acce	ify that the information contain pted into the Airport Volunteer sient cause for dismissal.	• • • • • • • • • • • • • • • • • • • •	•	emplete. I understand that, if application may be considered
Appli	cant Signature			Date
		Send your comple	eted application to:	
	Att	n: Darin Heffelfing 10950 Ho Rock Fall	county Airport er / Volunteer Program pover Road s, IL 61071 ecountyairport.org	

