



Volunteer Application

The Syracuse Regional Airport Authority is seeking diverse individuals for our all-volunteer SYR Fly Guide program. Please review the characteristics we are looking for in an applicant, listed below:

- Customer-service oriented and focused, with excellent communication skills
- Professional and approachable demeanor
- Reliable, and flexible schedule
- Looking to use skills, experience, and regional knowledge to serve the flying public

General Instructions: Complete all sections. Type or print clearly. If chosen for consideration, must pass a criminal background check/threat assessment.

PERSONAL INFORMATION

First Name:		Last Name:	
Address:			
Home Phone:		Cell Phone:	
Work Phone:		Email Address	

IN CASE OF AN EMERGENCY, PLEASE CONTACT

First Name:		Last Name:	
Relationship:		Phone Number:	

GENERAL INFORMATION

Do you have reliable transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years old	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you volunteered at the airport before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, in what capacity and when:		
Languages Spoken:		

EMPLOYMENT HISTORY

Most recent employer:	
Occupation:	
Dates employed:	

MILITARY SERVICE

Branch:	Length of service:
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PREVIOUS AND CURRENT VOLUNTEER EXPERIENCE

Agency	Position	Service Period	Contact Name

EDUCATIONAL HISTORY

Institution:	Degree/Major:
Institution:	Degree/Major:

REFERENCES

(Please list two, do not include family members)

Name:		Relationship:	
Phone Number:		Years Known:	
Name:		Relationship:	
Phone Number:		Years Known:	

WHAT IS YOUR AVAILABILITY?			
Available Days	Available Shifts	How many shifts per week can you commit to:	Length of commitment
<input type="checkbox"/> Monday	<input type="checkbox"/> Early Morning (4:30-8:30)	<input type="checkbox"/> At least 1	<input type="checkbox"/> 0-3 months
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning (8:30-12:30)	<input type="checkbox"/> 2-3	<input type="checkbox"/> 3-6 months
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Afternoon (12:30-4:30)	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-12 months
<input type="checkbox"/> Thursday	<input type="checkbox"/> Evening (4:30-8:30)	<input type="checkbox"/> More than 5	<input type="checkbox"/> 12+ months
<input type="checkbox"/> Friday	<input type="checkbox"/> All Dates & Times		
<input type="checkbox"/> Saturday	<input type="checkbox"/> Other (Please specify)		
<input type="checkbox"/> Sunday			
Can you commit to 6 months of volunteering?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be willing/able to assist with special events on occasion?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Briefly describe what skills, talents, interests you have that might be applicable to the volunteer services of a SYR Fly Guide:		
Why are you interested in volunteering as a SYR Fly Guide?		
What do you think is the most important characteristic of a volunteer:		
Participation may require extended periods of standing, walking, or being mobile throughout the terminal. Each shift is 4 hours with a 15 minute break. Can you perform these duties as described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to commit to the required training of 2 hours per week for 5 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able and willing to wear the required uniform?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand the successful placement of all volunteers is contingent on a security clearance background check. I have read all of the above and certify the information is true and complete to the best of my knowledge.

Signature:	
Date:	

Please email or mail the completed application to:

Jennifer Sweetland
 Director of Marketing, Communications and Air Service Development
 Syracuse Regional Airport Authority
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 Syracuse, NY 13212
SweetlandJ@syrairport.org