

Airport Ambassador Application



Please type print application

Personal Information			
First Name		Last Name	
Address	City	State	Zip Code
Telephone Number(s)	Home	Cell	Work
Email address:			
Date of Birth: (month and day only)			

In case of emergency, contact		
Name	Telephone number	Relationship

General Information		
Do you have reliable transportation to fulfill volunteer obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you every been convicted of a felony or a misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please briefly explain:		

Military Service	
Branch	Length of Service
How did learn about the Airport Ambassador Program?	
<input type="checkbox"/> Volunteer Opportunity	<input type="checkbox"/> Recruitment Poster
<input type="checkbox"/> Family or Friend	<input type="checkbox"/> Other:

Thank you for your interest in volunteering at Cleveland Hopkins International Airport.

We seek diverse applicants for our all-volunteer Airport Ambassador Program. Being an ambassador may be right for you, If you are:

- Customer service oriented
- Adaptable
- Focused and Attentive
- Cheerful disposition
- Energetic and Engaging
- Great communication skills

Any offer to serve as a volunteer is contingent upon a successful completion of a FBI fingerprint check.

To be considered, please mail or email your completed application to:

Melissa Brkich
 Cleveland Airport System
 P.O. Box 81009
 Cleveland, OH 44181-0009

For more information or to schedule an interview, please contact Michele Dynia by phone (216) 265-6164 or email mdynia@clevelandairport.com.

Please indicate the reason you would like to become an Airport Ambassador.

Briefly describe the skills, talents, knowledge, and interests you have that may be applicable as an Airport Ambassador.

Please choose three (3) days and time periods you are available to volunteer and indicate the order of preference by placing the numbers 1, 2, and 3 in your preferred time slot.

	6 am—9 am	9 am—Noon	Noon—3 pm	3 pm —6 pm	6 pm— 9 pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

List current and previous volunteer experiences/commitments:

Agency Name	Position	Service Period

Please list three references other than family members:

Name	Telephone Number	Relationship
Name	Telephone Number	Relationship
Name	Telephone Number	Relationship

Please sign and date your application before submission:

X _____ Date: _____