

## **Miami-Dade Aviation Department**

## **Volunteer Airport Ambassador Program Application**

Date:							
First Name:	t Name: Last Name						
Address:		Apt. #					
City:		_ State:		_ Zip:			
Cell Phone: ( )	Altern	ate Phone: (	)				
E-mail Address:							
Person to contact in cas	se of emergency:						
Emergency Contact Nur	nber: ( )	Relat	ionship:				
Type of Volunteer Servi	ce Preferred:						
Meet/Greet Travelers	□ Information Booths	5 [					
Drive a Trolley	□ Airport Roamer (wa	alk around)					
Are you currently emplo	oyed? Yes 🗆 No 🗆	-					
Occupation(s):							
Retired: Yes   No							
Languages spoken:							
Special skills, knowledg	ge of computer program	s, hobbies, etc	:. <b>:</b>				

How did y	you learn	of our v	olunteer/	program?
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Newspaper		School/College		MIA employee		Other		
MIA's Website		On line Advertising		Friend				'
Can you commit	t to (	completing 100 hours	of s	service within 1 ye	ear?_			
Will you be avai	lable	e to assist at special e	ven	ts on an occasion	al bas	is?		
extended period	ds of	Miami-Dade Aviation standing or walking i eason you could not p	n th	e terminal. Each	shift i		_	
		Yes □		No				
We are committed to providing a high level of service to our travelers. Should you become a Volunteer Airport Ambassador, you will be required to attend orientation and training and serve a 4-hour shift every week until you complete a minimum of 100 hours of service. Are you able to make this commitment?								
		Yes □		No				
pants or dark sk	irts,	unteers wear a unifor and a polo shirt. The willing/able to do th	airp	•				
		Yes □		No				
I understand that the successful placement of all volunteers is contingent upon a comprehensive background check.  I have read all of the above and certify that the information provided is true and complete to the best of my knowledge.								
Signature			int <b>I</b>	Name			 Date	

Please fax completed form to 305-876-8470 or fill it online

Thank you so much for your interest in the Volunteer Airport Ambassador Program