



GSP Volunteer Application Form

Applicant Information

First Name		Last Name	
Address		City	State
Phone (Home)		Phone (Mobile)	
Email Address			
Date of Birth			

Do you have friends/relatives who volunteer or are employed by the Airport District? Yes ___ No ___

If yes, give names (s): _____

Availability

Please select at least three (3) days and times you are available to volunteer.

Day	8 a.m. – 12 p.m.	12 p.m. – 4 p.m.	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Experience

General Information

Why are you interested in volunteering as an Airport Ambassador at Greenville-Spartanburg International Airport? *How did you hear about the GSP Volunteer Program?*

Describe your skills, interests, knowledge, and experiences that are applicable as an Airport Volunteer.

Emergency Contact

Name _____ Relationship _____

Address _____

Home Phone _____ Mobile _____

I certify that the statements made in this Volunteer Application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer. I am aware that should any statement prove to be false it will constitute sufficient reasons for dismissal or refusal of volunteer services at GSP.

I authorize the Greenville-Spartanburg International Airport District to make all necessary inquiries and as requested regarding my background history.

I understand that I may be asked to submit information necessary for security screening, including but not limited to a 10-year employment/background check, criminal background check, and fingerprint submission.

Date _____

Applicants Signature _____