



AIRPORT AMBASSADOR APPLICATION FORM

PERSONAL INFORMATION

Name (last, first, middle): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Contact Email: _____

In case of emergency, notify:
Relationship: _____ Phone: _____ Alternate Phone: _____

Languages Spoken Other than English: _____

Physical Conditions and Allergies: _____

TIME COMMITMENT & AVAILABILITY

Please Indicated Day and Time Preference: (List three choices)

1. _____ 2. _____ 3. _____

Reason for volunteering: _____

Current/ Previous Employer: _____

Previous Volunteer Experience: _____

Hobbies, Special Talents or Skills: _____

Community Affiliations: _____

Signature: _____ Date: _____

The organization is relying on the accuracy of the applicant's response and discovering information to the contrary is grounds for IMMEDIATE dismissal.

Please drop off, mail, or fax completed form to:
Savannah/Hilton Head International Airport
Attn: Visitor Information Center
400 Airways Avenue, Savannah, GA 31408
Phone: (912) 966-3743 Fax: (912) 966-3747