



Application for Volunteer Program

Thank you for your interest in volunteering with the Visitor Information program. Volunteer positions are available at our Information Centers and as a Customer Satisfaction Surveyor. We are also looking for volunteers who are willing to work on special projects in the Aviation Marketing offices. Volunteers must work a minimum of 8 hours a month. Available shift times are 8-Noon, Noon to 4 p.m., 4 -8 p.m. and 8 p.m. – Midnight.

Please return your completed application to Lakita Spencer, Visitor Information Program Coordinator, One Airport Drive, Box 45 Oakland, CA 94621 or to WeHelpYouFly@portoakland.com Please note completion of an application does not guarantee acceptance into the volunteer program.

Please Print

Name _____ Date _____

Birthday (Mo./day/year) _____ Social Security # _____

Phone _____ Cell Phone _____

Email _____

Address _____ City/State/Zip _____

Have you ever volunteered at Oakland International Airport? Yes No

Volunteer Questionnaire

How long have you lived in the Bay Area?

On a scale of 1(lowest) to 10 (highest), how well do you know bay area attractions, restaurants, accommodations, etc.? Please Circle 1 2 3 4 5 6 7 8 9 10

How did you learn about volunteering for Oakland International Airport? _____

Please list the reasons you are interested in volunteering in OAK volunteer program? _____

Do you speak and foreign languages? Yes No If yes, please list. _____

Are you an interpreter of American Sign Language Yes No



Customer Service Experience

Please describe any customer experience you have _____

Information Centers & Customer Satisfaction Surveyor

Circle available days(s) and frequency, and check the shift periods(s) preferred:

Sun Mon Tue Wed Thu Fri Sat

How often: Monthly Semi-monthly Weekly Other: _____

Mornings Afternoons Evenings Late Shift (8-Midnight) Weekends only

Special Projects & Program Administration Assistance

Circle available days(s) and frequency, and check the shift periods(s) preferred:

Mon Tue Wed Thu Fri Mornings Afternoons

How often: Monthly Semi-monthly Weekly Other: _____

Volunteer/ Personal References

1. Name _____ Phone _____

Organization _____

2. Name _____ Phone _____

Organization _____

In case of an emergency

Contact _____ Relationship _____

Home Phone _____ Cell _____