



## 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, 9532 Earhart Road, Suite 205, 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\_\_\_\_\_