



3250 W. Britt David Road
 Columbus, Georgia 31909
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VOLUNTEER APPLICATION

PLEASE PRINT, COMPLETE APPLICATION IN FULL AND FAX OR MAIL TO OFFICE

DATE: _____

Name	_____	_____	_____
	(Last)	(First)	(Middle)
Email:	_____	Cell:	()
Home:	()	Work:	()
Address:	_____		
	Number/Street	City	State Zip

What days/Times are you available?							
Day/ Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8a- 11a							
Afternoon 11a- 2p							
Evening 2 p - 5 p							

Language Ability: List only languages you can fluently speak & use in this customer service volunteer position

Language: _____ ___ Speak ___ Read ___ Write
 Language: _____ ___ Speak ___ Read ___ Write

Background, Interests & Experience: (i.e., working w/ children, habitat for humanity, senior citizen)

PERSONAL REFERENCES

Name	Address	Telephone

May we contact the personal references listed above? Y/N _____

PLEASE READ AND SIGN BELOW:

I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. In consideration of my internship, I agree to conform to the rules and standards of the Columbus Airport and agree that my internship can be terminated at will with or without cause or notice, at any time, either at my option or at the option of the Columbus Airport. I also understand that all offers of internship are conditioned on the provision of satisfactory proof of an applicant's identity.

Signed: _____ Date: _____

Please make as many copies as you need to distribute. Thank you!!