

 **WHITE HAT VOLUNTEER**

**APPLICATION FORM**

**White Hat Volunteers** *Making a Difference at YYC
One Visitor at a Time*

**PERSONAL INFORMATION**

|  |
| --- |
| Name: |
| Address: |
| City: | Province: | Postal Code: |
| E-Mail: |
| Home Phone: | Business Phone: | Cell Phone: |
| Current Occupation: | Previous Occupation: |

**VOLUNTEER INFORMATION**

Please check the box for each statement that applies:

|  |  |  |  |
| --- | --- | --- | --- |
|  | I am over the age of 18 |  | I can work within a team and/or unsupervised |
|  | I am eligible for security clearance |  | I am fluent in the English language |
|  | I can commit to 150 hours per year (average of one four hour shift per week) |  | I am willing to comply with the White Hat Uniform (ie. Cowboy hat, red vest) |

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| Why are you interested in becoming a White Hat Volunteer and what are you hoping to gain from this experience? |
| How did you hear about the White Hat Volunteer Program? |
| Please list any White Hat Volunteers that are already in the program that you may know: |
| Please provide additional information that may require special attention (ie. limited mobility, away for several months a year, etc.): |

**SHIFT AVAILABILITY & ACCOMMODATION**

White Hat Volunteers are assigned to the **same** **four-hour** shift each week. Please select **all** days and times that you can commit to on a **regular basis**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | SUN | MON | TUE | WED | THU | FRI | SAT |
| 05:00 – 09:00 |  |  |  |  |  |  |  |
| 09:30 – 13:30 |  |  |  |  |  |  |  |
| 11:00 – 15:00 |  |  |  |  |  |  |  |
| 14:00 – 18:00 |  |  |  |  |  |  |  |
| 16:00 – 20:00 |  |  |  |  |  |  |  |
| 18:00 – 22:00 |  |  |  |  |  |  |  |

Shift placement is based on service time

**REFERENCES**

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |

I certify that the statements made in this Volunteer Application are true and correct and have been given voluntarily. I understand that the information may be disclosed to any party with legal and proper interest and I release the Calgary Airport Authority from any liability for supplying such information. I understand that falsification of any information contained in this application will be considered grounds for immediate dismissal from the program.

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Applicant Signature Date

**PLEASE RETURN COMPLETED FORM TO:**

Western Hospitality

2000 Airport Road NE

Calgary, AB T2E 6W5

Fax: 403.735.1517

Email: WesternHospitality@yyc.com

If you have any questions, please contact our team at 403.717.3452

*The Calgary Airport Authority complies with PIPEDA. By forwarding your application, you are consenting to the collection and use of your personal information for this volunteer opportunity. Your information will be kept confidential.*

**

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*Providing Western Hospitality at YYC since 1991*