Please print this form, complete it and mail to the address at the bottom

Captain John J. McKenna IV Military Courtesy Room

Albany International Airport

Albany, New York

Volunteer Application

Mission/Policy Statement :

Recognizing the sacrifices our military service men and women make for our country, the Military Courtesy Room project proposes to create a welcoming environment for traveling military personnel at the Albany International Airport. This environment will provide a place to rest and recreate between flights and provide light refreshments and an atmosphere that enhances the morale of those who are away from home.

We ask that all volunteers understand that this room is for the benefit of the troops. There is to be no negative talk of the politics of the war with the troops that enter the room or any expression of criticism that could even remotely be interpreted as criticism by any military personnel. Keep in mind that many of the troops could be either heading into harm's way or just returning from a battle intense environment. Our purpose is to provide comfort, a smile and a positive setting so please avoid any controversial topics either with the troops or other volunteers. You are representing the great folks of Capital District so please, dress, behave and speak accordingly. Thank you for completing this application form and for your interest in volunteering with us.

At this time the plan is to have the military courtesy room open from 10am to 6pm. Training/orientation will be provided on as needed basis. The plan is to have 2 volunteers present for each shift.

Contact info:

Name_____

Address_____

City, ST, Zip Code_____

Preferred phone for contact_____

Email address (preferred method to contact)_____

Personal Statement:

Tell us why you would like to volunteer, if you need more room please continue on the back:

Person to Notify in case of emergency:

Name_____

Phone_____

Agreement and signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)_____

Signature_____

Date_____

If you are unable to be present at the time you are volunteering for it is you responsibility to find a replacement!! A list of volunteers will be provided.

Availability:

Please let us know when you are available to volunteer. We have divided the schedules into 4-hour shifts. The plan is to have volunteers rotate on a 2-week cycle. Please indicate the day(s) and circle the shift(s) that you can regularly cover. We also need substitutes. Please indicate if you want to substitute and when available. Just put an s on the day line if you are substituting and circle the shift(s) you can substitute. Please be advised completing an application does not guarantee you a spot on our schedule. I will contact you when we have reserved a spot for you to volunteer.

____Monday 10 am to 6 pm	____Tuesday 10 am to 6 pm	____Wednesday 10 am to 6 pm	____Thursday 10 am to 6 pm
____Friday 10 am to 6 pm	_____Saturday 10 am to 6 pm	_____Sunday 10 am to 6 pm	

Return to:

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Albany International Airport

737 Albany-Shaker Road

Albany N.Y. 12211