

Airport Volunteer Ambassador | Registration Form

Christchurch International Airport Limited (CIAL) is committed to providing a seamless and positive experience for all travellers through Christchurch Airport. With the current development and growth surrounding CIAL, ensuring our customers feel welcome and appreciated every step of the way is first and foremost.

Our Airport Ambassadors go the extra mile in improving seamless movement throughout the terminal. This is a wonderful opportunity for our ambassadors to share their knowledge and experience of Christchurch Airport while providing positive first and lasting impressions of Christchurch as a whole.

Personal Details:

Name	Surname	First Names	Preferred Name
Address	Number & Street	Suburb	City & Postcode
Phone	Work Ph:	Mobile Ph:	Home Ph:
Email			

Ideal hours:

Please indicate below the shifts you would be available to volunteer your time for (tick as many boxes as applicable). *Please note: Ambassadors are required for a minimum of one four hour shift per week, with support required in the terminal between 8.00am and 8.00pm, 7 days per week.*

Day	Shift		
	8am-12noon *(9.30am-1.30pm)	12noon-4pm *(1.30pm-5.30pm)	4pm-8pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**(Later starting times required for cover approx. every 3rd shift)*

What are your reasons for considering volunteer work?

Please circle your current employment status:

- | | | |
|-------------------------------|---------------------------|---------------|
| Full time paid employment | Part time paid employment | Self employed |
| Seeking employment/unemployed | Retired | Student |

Fitness and suitability:

- | | | |
|---|-----|----|
| 1. Do you have any health conditions or disabilities that may affect your ability to undertake the requirements of the position for which you are applying; or | Yes | No |
| 2. Any medical condition caused by gradual process, disease or infection that may be aggravated, or further contributed to, by the task(s) or the position for which you are applying; or | Yes | No |
| 3. Do you have any illness or infectious disease which could create a risk to others in the vicinity of the workplace, or which could be aggravated by the working environment? | Yes | No |

If yes, please give details:

4. As you are being considered for a position requiring a high level of trust and confidence as part of your successful engagement with Christchurch International Airport Ltd (CIAL) please advise if you have ever been convicted of any criminal offences that involve fraud, dishonesty or acts of assault or violence, or you are awaiting the hearing of charges relating to any such criminal conviction.

Yes No

If yes, please give details:

Referee Details:

Please enter details of a referee who can be contacted:

Name: _____

Type: Personal Professional (please circle)

Phone: _____

Email: _____

Declaration & Authorisation:

I understand that as an Ambassador I will not receive compensation for my services, and that I will be engaged for a 12 month period, at the end of which point I will need to reapply to continue my services as an Ambassador.

I declare that the information provided on this form and in the process of my registration to Christchurch International Airport Limited (CIAL) is true and provides an accurate, balanced and complete view of the details relevant to engagement. In particular, I confirm that I have not omitted to divulge any information which may be relevant to CIAL’s decision to engage me. Further, I understand that if any of the information I have provided is found to be inaccurate or misleading, my engagement may be terminated by CIAL.

Ambassador’s signature: _____

Date: