



Volunteer Application Form

Thank you for your interest in becoming a Syracuse CVB Welcome Ambassador! Please fill out this form, in its entirety, and return to:

Syracuse CVB Volunteer Program
C/O Christie Bravos
572 South Salina St.
Syracuse, NY 13202
Or Fax back to 315-471-8545

PLEASE PRINT

Title First Name Last Name

Mailing Address

City State Zip

Day Phone Evening Cell

Email Address

Company/Title

My Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

My Special Needs, Restrictions, and Requests: (Tell us about yourself and what you like to do)

Special Skills That I Possess: (e.g. CPR Certified, Score Keeper, Official, Notary, Computer Literate)

I am interested in volunteering in the following areas: (please check all that apply)

- | | |
|--|--|
| Airport Ambassador <input type="checkbox"/> | Special Events Ambassador <input type="checkbox"/> |
| Hospitality Desk Ambassador <input type="checkbox"/> | Hotel Lobby Ambassador <input type="checkbox"/> |
| Sporting Event Ambassador <input type="checkbox"/> | |