



Golden Heart Greeter

Golden Heart Greeter Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

E-Mail : _____

Please note: Your phone number will be given out to the visitor if you sign up to do personal greets with visitors.

Phone

Primary	
Mobile Phone	
Home	

Are you 18 years or older? (Circle one) **Yes / No**

In an emergency, whom should we contact?

Contact _____ Relationship _____

Contact Phone # _____

Please **check one** of the following

Employed	Self-employed	Unemployed	Semi-Retired	Retired, year	Student

COMPANY NAME: _____

Nature of business: _____

Your title/position: _____

How did you learn about Golden Heart Greeter? *(Please be specific.)*



Golden Heart Greeter

Why do you want to volunteer for Golden Heart Greeter? What is it that you would like to get out of the program?

Do you speak English fluently? (Circle one) **Yes / No**

If you are fluent in any languages other than English, please list here.

Previous Volunteer Experience. _____

Please circle or add any special interests which you would like to share with visitors.

Alaska history
Animals
Aurora borealis
Arts/theatre
Birds
Churches
Flowers & plants

Geology
Gold panning/gold history
Native culture
Parks
Photography
Pipeline
Sports

Other, Please Explain:

Tell us more about your involvement in your interests.



Golden Heart Greeter

Have you worked with the public before? **Yes / No** (Circle One) If yes, please explain.

Are you familiar with any ethnic culture that you would like to share with a visitor? **Yes / No**
If yes, please describe.

Are you interested in assisting at: (Check all that apply)

- ☐ Visitor Information Center
- ☐ Convention/Meeting Registration
- ☐ Fairbanks Information Table
- ☐ One-on-One personal greets with Visitors

Are you willing to assist families with children? **Yes / No** (Circle One)

Would you be willing to work visitors with disabilities? **Yes / No** (Circle One)

Have you had any experience with people with disabilities? **Yes / No** (Circle One)
If so, please explain.

Are there any medical or other considerations that might limit your time or mobility? **Yes / No**
If yes, please explain.

Personal Reference:

Contact Name _____ Relationship _____

Phone _____



Golden Heart Greeter

Would your employer, or former employer, be interested in learning more about Golden Heart Greeter. Please circle one. **Yes / No**

If yes, whom should we contact?

Name _____ Title _____

Phone _____ Email _____

Golden Heart Greeter is committed to enhancing the global image of Fairbanks. It is our mission, as ambassadors of Fairbanks, to enrich the experience by connecting visitors with knowledgeable, friendly and enthusiastic volunteers. By submitting this application you are agreeing to serve people of all nationalities, races, religions, beliefs, classes, disabilities and sexual orientations.

I understand that neither Explore Fairbanks nor the City of Fairbanks, Fairbanks North Star Borough assumes responsibility for any injury or monetary damages incurred by me incident to my duties as a Golden Heart Greeter.

I have read the enclosed attachment and agree to its terms and conditions.

Signed: _____

Print Name: _____

Date: _____

Please return this application to:

Charity Gadapee
Golden Heart Greeter Program
101 Dunkel St, Ste 111
Fairbanks, AK. 99701
P: 459-3758 F: 459-3757
cgadapee@explorefairbanks.com

Golden Heart Greeter Program accepts volunteers without regard to race, color, religion, national origin, age, gender, sexual orientation, marital status or disability.