



AIRPORT INFORMATION REPORTING FOR OREGON (AIRO)

PROGRAM OVERVIEW

Oregon Department of Aviation (ODA) offers volunteers an opportunity to contribute their aviation expertise to assist with reporting on the safety, security and maintenance conditions at a state sponsored airport.

A new approach in supporting Oregon’s State Airports

Given budgetary challenges and government spending restrictions, This program forms public/private partnerships to ensure we enhance safety and improve the physical conditions at public-use airports listed in this document.

MISSION STATEMENT

To promote operational excellence at Oregon’s airports through active participation in public/private partnerships. We will work together to support Oregon Department of Aviation’s mission by embracing the values of ethical conduct and fiscal responsibility with a “safety first” approach.

AIRPORTS

Alkali Lake State Airport	Aurora State Airport	Bandon State Airport	Cape Blanco State Airport
Cascade Locks State Airport	Chiloquin State Airport	Condon State Airport	Cottage Grove State Airport
Crescent Lake State Airport	Independence State Airport	Joseph State Airport	Lebanon State Airport
McDermitt State Airport	McKenzie Bridge State Airpor	Mulino State Airport	Nehalem Bay State Airport
Oakridge State Airport	Owyhee Res. State Airport	Pacific City State Airport	Pinehurst State Airport
Prospect State Airpor	Rome State AirporT	Santiam Junction State Airport	Siletz Bay State AirporT
Toketee State Airport	Toledo State Airport	Wakonda Beach State Airport	Wasco State Airport

REQUIREMENTS

In order to participate in the AIRO program we have a few requirements you must meet:

- Age 21 or older.
- Able to make 1, 2 or 3 year commitment
- Able to attend 1 of 2 scheduled safety/training events a year. (Spring/Fall)
- Willing to travel around Oregon (at own expense) for training and/or inspections at assigned airport(s).
- If, in the judgment of the volunteer or ODA, it is found the AIRO volunteer is not meeting the terms and conditions of the agreement, upon 30 days notice, the volunteer or ODA may terminate the agreement.

ODA reserves the right to modify or cancel the program at any time.

POINTS OF CONTACT

Oregon Department of Aviation
3040 25th Street South
Salem, OR 97302
(503)378-4880
(503)373-1688 (FAX)

Don Hankwitz
ODA Airport Safety Inspector
Donald.E.Hankwitz@state.or.us
(503)378-4176

Matthew Maass
ODA State Airports Manager
Matthew.D.Maass@state.or.us
(503)378-2523

VOLUNTEER APPLICATION

LAST	FIRST	MI	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS	
		INITIALS	DATE

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PROGRAM GUIDELINES

VOLUNTEER NAME

DATE OF APPOINTMENT

The volunteer agrees to accept the assignment of _____ State Airport for a period of _____ year(s).

THESE GUIDELINES are established in order to provide information to AIRO Volunteers working at State-Sponsored airports in Oregon.

VOLUNTEER OBLIGATIONS:

1. Conduct monthly inspections in order to report on conditions of safety, security and maintenance at their designated airport. Forward completed checklist to Oregon Department of Aviation (ODA) within the month of inspection. Immediately report to ODA all items related to safety and/or security at their designated airport.
2. Attend initial volunteer training and once-yearly follow-up training.
3. Conduct activities in a safe manner and comply with all airport rules and regulations while performing AIRO activities at designated airport. Review safety literature prior to each airport inspection. Exercise extreme caution at all times.
4. Notify ODA prior to making airport visits.
5. Report any injuries incurred while completing AIRO duties, to an ODA representative within two working days of the injury.

IN ORDER TO ENSURE YOUR OWN PERSONAL SAFETY, ODA RECOMMENDS THAT THE VOLUNTEER PROVIDE THE FOLLOWING ITEMS:

1. First Aid Kit
2. Drinking Water
3. VHF Radio tuned to the airports CTAF/UNICOM frequency or Personal Cell Phone
4. Sturdy leather shoes or boots and appropriate clothing for the weather
5. Personal vehicle for transportation to and from the airport. Vehicle should be parked in appropriate areas when at the airport. Remain clear of aircraft operation areas.

VOLUNTEER GUIDELINES:

1. Wear ODA-supplied safety vest when at the airport.
2. Discontinue work in inclement weather and during times of reduced visibility. Do not work in ice, snow or fog.
3. Furnish and arrange for your own transportation to and from the airport.
4. Do not possess or consume alcoholic beverages while at the airport.
5. Pick up litter around the airport during monthly visits as time allows. Litter bags and ties will be provided by ODA.
6. Take appropriate precautions to avoid hazardous materials/substances. Report location and description of the material/substance to an ODA representative.

Volunteer arrangement may be terminated by either party at any time upon notification of the other party. Volunteer must return ODA-owned equipment and materials upon request.

By signing this form, I acknowledge understanding of these obligations and guidelines. Additionally, I have received a copy of aforementioned obligations and guidelines for my reference.

VOLUNTEER

PARENT OF GUARDIAN SIGNATURE (IF UNDER THE AGE OF 18)

SIGNATURE

SIGNATURE

PRINT NAME

PRINT NAME

DATE

RELATIONSHIP

DATE

FOR OFFICE USE ONLY

APPROVING SIGNATURE

DATE

TITLE



LIABILITY RELEASE FORM STATE AIRPORT

INDIVIDUAL

PRIVATE ORGANIZATION

PUBLIC AGENCY

Release for _____
between _____ and the Oregon Department of Aviation.

I, _____, shall be responsible and liable for all damage or injury to any persons or property resulting from _____

I, _____, shall idemnify, hold harmless and release the State of Oregon, Oregon Department of Aviation, its employees, agents and representative, against any and all damages, claims, demands, actions, causes of action, costs, and expenses of whatsoever nature for or because of any matter or thing done, omitted or suffered to be done by _____

For public agencies this release applies only to the extent permitted by Article XI, Section 7 of the Oregon Constitution and by the Oregon Tort Clamis Act

Dated this _____ day of _____ 20____

SIGNATURE			PARENT OF GUARDIAN SIGATURE (IF UNDER THE AGE OF 18)		
TITLE			RELATIONSHIP		
ADDRESS			ADDRESS		
CITY			CITY		
STATE	ZIP	COUNTY	STATE	ZIP	COUNTY

FOR OFFICE USE ONLY
APPROVING SIGNATURE _____ DATE _____
TITLE _____