

FOR HONOR FLIGHT USE ONLY: L.N.: \_\_\_\_\_ D.R. \_\_\_\_\_



## Volunteer Application

*Honor Flight* would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management and clerical support to airport assistance that aids the veterans both at the beginning and at the end of each trip. Please consider the wide range of opportunities; every little bit helps.

For further information, please contact *Honor Flight* at 937 521 2400 or visit us on the web at [honorflight.org](http://honorflight.org).

***Thank You for your support.***

NAME \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_ Yes \_\_\_ No

If a veteran, please indicate BRANCH of service, WHEN and WHERE did you serve.: \_\_\_\_\_

1. How did you learn about the Honor Flight organization? \_\_\_\_\_
2. Why are you volunteering for Honor Flight? \_\_\_\_\_
3. Please list any prior volunteer experience. \_\_\_\_\_
4. There are several volunteer opportunities. Please indicate all areas of interest to you.

### ADMINISTRATIVE SUPPORT

- Administrative Assistance – In Office  
 Administrative Assistance – From Home

### OUTREACH

- Informational Booths  
 Speaker's Bureau

### SPECIAL EVENTS

- Event Planning  
 Fundraisers

### TRIP SUPPORT

- Contact Veterans  
 Ground Transportation in Departure City  
 Airport Check-In Assistance  
 Guardian (Completed separate application required.)

**PLEASE COMPLETE PAGE 2**

5. Please list the best times for you to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

6. Please list two (2) personal references.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

7. Emergency contact information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

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**Please Review Carefully and Sign:**

The undersigned acknowledges and agrees that:

1) As photographic and video equipment are frequently used to memorialize and document ***Honor Flight*** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the ***Honor Flight*** program. I hereby release the photographer and ***Honor Flight*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Flight*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight*** promotional material and publications, and waive any rights of compensation or ownership thereto.

2) I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED \*: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

(E-mail applicants must sign prior to providing volunteer services)

\* If under 18, parent/guardian must also sign and date below

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE: \_\_\_/\_\_\_/\_\_\_

**Please submit this form to:**

**Honor Flight, Inc.**

**Attn: Volunteer Application**

**300 East Auburn Ave**

**Springfield, Ohio 45505-4703**

**Or e-mail to:**

**volunteer-application@honorflight.org**