



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 toll free at (855) FLY A VET (855-359-2838)* or info@honorflightsefl.org
Thank You for your support.

NAME _____ NICK NAME: _____
 (Please list your full name: First, Middle, Last) (If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Day _____ Evening _____ Cell _____

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

OUTREACH

___ Informational Booths

___ Speaker's Bureau

SPECIAL EVENTS

___ Event Planning

___ Fundraisers

TRIP SUPPORT

___ Contact Veterans

___ Ground Transportation in Departure City

___ Airport ___ Check-In Assistance (Pre-flight) ___ Welcome Home celebration at airport (Post-flight)

___ 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 one (1) personal reference:

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

7. Please list one (1) emergency contact:

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

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 volunteer and I understand that ***Honor Flight*** does **not** provide medical care. I understand that I accept all risks associated with travel and other ***Honor Flight activities*** and will not hold ***Honor Flight*** responsible for any injuries incurred by me while participating in the ***Honor Flight*** program.

SIGNATURE: _____ DATE: ___/___/___

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

PARENT/GUARDIAN SIGNATURE DATE: ___/___/___

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

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| <p>Please submit this form to: Southeast Florida Honor Flight, Inc. P.O. Box 1503 Stuart, FL 34995</p> |
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