

NAME: _____ DATE REC: _____



VOLUNTEER APPLICATION

Honor Flight would not be successful without the dedicated help provided by the volunteers. Assistance is required at the local town and county level to arrange and run fundraisers, contact local veterans, and possibly help in getting veterans to the airport. Help arrange and attend Welcome Home activities at the airport upon return from the trip.

NAME: _____ NICK NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ E-MAIL ADDRESS: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

AGE: _____ DOB: _____ GENDER: M F OCCUPATION: _____

ARE YOU A VETERAN? YES NO If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

How did you learn about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience: _____

There are several volunteer opportunities. Please indicate all areas of interest.

OUTREACH

- Informational Booths
- Speaker's Bureau

SPECIAL EVENTS

- Event Planning
- Fundraisers

TRIP SUPPORT

- Contact Veterans
- Airport support

- Ground Transportation to departure city
- Guardian (please complete separate guardian application)

Please list the best times for you to volunteer:

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

PLEASE COMPLETE PAGE 2

Please list two (2) personal references:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

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 or 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 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.

SIGNATURE *: _____ DATE: ____ / ____ / ____

(E-mail applicants will be required to sign prior to actual trip date)

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

SIGNATURE: _____ DATE: ____ / ____ / ____

Please submit this form to:

HONOR FLIGHT OF OREGON OR Fax to: 541-226-9056
1987 Demaray Dr.
Grants Pass, OR 97527

Questions: call 541 955-4544