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 Austin at 1-888-530-8880 or www.honorflightaustin.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_____

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

_____ DATE: ___/___/____

PARENT/GUARDIAN SIGNATURE

Please submit this form to: **Honor Flight, Inc.**
Attn: Volunteer Application
815 - A Brazos Street, Suite 498
Austin, TX 78701-2514