

FOR HONOR FLIGHT USE ONLY: LAST NAME: _____ DATE RECEIVED: ___/___/___



Volunteer Application

Honor Flight is successful due to the dedicated help provided by volunteers who assist veterans at the beginning and end of their flight day, along with providing valuable assistance between flights. This enables us to accomplish our mission of sending veterans to Washington, D.C. to visit the memorials built in their honor.

For further information, please contact *Talons Out Honor Flight's* Volunteer Coordinator: Tamara at 269-209-7337, or visit us on the web at www.talonsouthonorflight.org. **Thank You for your support.**

NAME _____ DATE: ___/___/___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Day _____ Evening _____ Mobile _____

E-MAIL: _____ AGE: _____ DOB: _____

OCCUPATION: _____ ARE YOU A VETERAN? ___ Yes ___ No

If a veteran, please indicate BRANCH of service, WHEN and WHERE you served: _____

1. How did you learn about the Honor Flight organization? _____

If you served as a guardian, please state the month/year of the flight you were on. _____

2. Why are you volunteering with Honor Flight? _____

3. Please list any prior volunteer experience. _____

If you belong to a service organization (e.g. Rotary Club, Lions, etc. please list. _____

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

ADMINISTRATIVE SUPPORT

___ Administrative Assistance – In Office (*folding brochures, cutting inserts, calling tree, address labeling*)

___ Administrative Assistance – From Home (*folding brochures, cutting inserts, address labeling, envelope stuffing*)

OUTREACH

___ Informational Booths (*community and military recognition events*)

___ Speaker's Bureau (*organizations, service clubs, schools or classrooms*)

SPECIAL EVENTS

___ Event Planning (*theme dinners, motorcycle rides, walk/run events*)

___ Fundraisers (*theme dinners, motorcycle rides, walk/run events*)

TRIP SUPPORT

___ Contact Veterans (*call center*)

___ Ground Transportation in Departure City (*transport a veteran to the airport for flight day*)

___ Airport Check-In Assistance (*welcome veterans, hand out name tags, direct where to go, provide assistance*)

___ Guardian (*Completed separate application required*)

PLEASE COMPLETE PAGE 2

5. Please list the best times for you to volunteer, or are you open to varying times? Yes _____ No _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

6. Please list two (2) personal references.

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Phone – Day: Evening:	Phone – Day: Evening:
Relationship to applicant:	Relationship to applicant:

7. Emergency contact information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day _____ Evening _____ Relationship to applicant _____

8. Have you been convicted of a felony? _____ If so, please explain: _____

__ 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, 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 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: _____ DATE: ___/___/___

Please submit this form to: Talons Out Honor Flight, Inc.

ATTN: Volunteer Application

PO Box 280

Portage, MI 49024

Or email to applications@talonsouthonorflight.org