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Volunteer Application

** INDICATES REQUIRED FIELD*

FIRST NAME *

LAST NAME *

EMAIL *

PHONE NUMBER *

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CITY

STATE/PROVINCE *

POSTAL CODE *

COUNTRY

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ARE YOU A VETERAN? *

Yes

No

PLEASE INDICATE BRANCH OF SERVICE, AND WHERE AND WHEN YOU SERVED

HAVE YOU EVER BEEN CONVICTED OF A FELONY? *

Yes

No

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE

ADMINISTRATIVE

In Office (folding brochures, cutting inserts, calling tree, address labeling)

From Home (folding brochures, cutting inserts, address labeling, envelope stuffing)

OUTREACH/PROMOTION

Informational Booths (community and military recognition events)

Marketing/Promotion (flyer design, social media, PR)

SPECIAL EVENTS

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

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HEAR ABOUT
HONOR FLIGHT
Every Day is Veterans Day

IF YOU WERE A GUARDIAN,
PLEASE LIST THE DATE OR
FLIGHT

PLEASE NOTE ANY MEDICAL
EXPERIENCE YOU MAY HAVE
(E.G., EMT, CPR, PARAMEDICS)

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)

Personal Reference

PERSONAL REFERENCE NAME *

PERSONAL REFERENCE RELATIONSHIP TO APPLICANT *

REFERENCE PHONE *

Please check the box below to agree

APPLICATIONS

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. I 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 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 FREE 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. *

Agree

PLEASE TYPE YOUR NAME
BELOW AS A DIGITAL SIGNATURE
*

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(269) 273-4545 | info@talonsouthonorflight.org

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