

FOR HONOR FLIGHT USE ONLY: LAST NAME:

DATE:



Honor Flight Bay Area 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 Bay Area* at 408.499.1739 or on the web at www.honorflightbayarea.org

Thank You for your support.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone - Day: _____ Evening: _____ Mobile: _____

Email address: _____ Age: _____ DOB: _____

Occupation: _____ If retired – previous 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

From Home – Monitor Email, Voicemail

OUTREACH

Informational Booths

Speaker’s Bureau

TRIP SUPPORT

Contact Veterans

Ground Transportation in Departure City

Airport Check-In Assistance

Transport Wheelchairs – To and from SFO

Guardian (Separate Application Required)

SPECIAL EVENTS

Event Planning

Fundraisers

Assist with Flight Orientations

Assist with Flight Reunions

OTHER AREAS OF INTEREST

Audio/Visual

Medical Assistance

Music

Photography

Web Support/IT

5. Please list the best times for you to volunteer:

Sun Mon Tue Wed Thu Fri Sat

Morning

Afternoon

Evening

6. Please list two (2) personal references:

Name:

Address:

City: State: Zip code:

Email Address:

Phone - Day: Evening:

Relationship to Applicant:

Name:

Address:

City: State: Zip code:

Email Address:

Phone - Day: Evening:

Relationship to Applicant:

7. Emergency Contact Information:

Name:

Address:

City: State: Zip code:

Email Address:

Phone - 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 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.
3. I certify there are no health-related reasons, conditions, or problems precluding my full participation in said activities. Nor have I been advised by any medical or healthcare professional not to participate in any **Honor Flight** activity.
4. I understand viruses (to include influenza and other related corona viruses) are particularly dangerous to certain groups of people, including older persons and those with weakened immune systems or other underlying health conditions. Although Honor Flight is taking precautions to reduce the spread of viruses* during our events, it cannot guarantee and has not guaranteed I will not become infected with viruses*. Further, I understand attending an event could increase my risk of contracting viruses*. By signing this agreement, I acknowledge the contagious nature of viruses and voluntarily assume the risk I might be exposed to or infected with viruses* by attending an event.

*To include influenza and other related corona viruses.

Signed*:

Date:

* If under 18, parent/guardian must also sign and date below (E-mail applicants must sign prior to providing volunteer services)

Parent/Guardian Signature

Date:

Please submit this form to: **HonorFlightBayArea@gmail.com**