



Serving Georgia's Veterans

FOR HONOR FLIGHT USE ONLY Last Name: _____ Date Received: ____/____/____

Volunteer Application

Honor Flight would not be successful without the dedicated help by the volunteers. Assistance is required from the Meet and Greet, ALL DAY of the flight and the follow-up Reunion. Please consider the wide range of opportunities; every little bit helps. For further information, please contact us at (770) 483-4049. You can also email us at honorflightconyers@comcast.net.

Thank You for your support.

NAME: _____ NICKNAME: _____

(As it appears on your ID for airline travel)

(If applicable)

ADDRESS: _____ CITY: _____

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

PHONE: DAY: _____ EVENING: _____ CELL: _____ AGE: _____

OCCUPATION: _____ ARE YOU A VETERAN? YES NO DATE OF BIRTH _____

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 or special skills you have: _____

Please note any medical experience you may have (e.g., EMT, CPR, Paramedics): _____

Please List (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

There are various opportunities to help. Please indicate all areas of interest to you.

Administrative Support _____

Outreach _____

Information Booths _____ Speaker's Bureau _____ Event Planning _____

Fundraisers _____

Trip Support Prepare for Send Off _____ Assist families spending the day in Conyers, while vets are on their trip. _____ Preparing for Welcome Home _____

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 I understand that **Honor Flight** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.
3. I understand that ALL of my expenses (airfare, meals, transportation, etc.) are MY responsibility and not **Honor Flight** and are to be paid in advance and are non-refundable.

SIGNED: _____ DATE: _____
(E-mail applicants will be required to sign prior to actual trip date)

Please submit this form to:

Honor Flight

ATTN: Volunteer Application

Po Box 81122

Conyers, GA 30013

E-mail to HonorFlightConyers@comcast.net

Or fax to: (770) 929-8284