



## 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](mailto: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](mailto:HonorFlightConyers@comcast.net)

Or fax to: (770) 929-8284