

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



Volunteer Application

Honor Flight Fayette 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 Fayette** at (770) 719-1024. You can visit us on the web at www.honorflightfayette.org. 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: _____ MOBILE: _____ AGE: _____

OCCUPATION: _____ T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

ARE YOU A VETERAN? YES NO If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:

How did you learn about the Honor Flight Fayette organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience or special skills you have: _____

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

ADMINISTRATIVE SUPPORT

___ Administrative Assistance In Office

___ Administrative Assistance From Home

TRIP SUPPORT

___ Contact Veterans

___ Ground Transportation in Departure City

___ Airport Check-In Assistance

___ Guardian (Completed separate application required.)

SPECIAL EVENTS

___ Event Planning

___ Fundraisers

OUTREACH

___ Informational Booths

___ Speaking Events & Presentations

PLEASE COMPLETE BACK PAGE

Please list the best times for you to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Please list one (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: _____

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 Fayette* 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 Fayette* program. I hereby release the photographer and *Honor Flight Fayette* from all claims and liability relating to said photographs I hereby give permission for my images captured during *Honor Flight Fayette* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight Fayette* 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 veteran and I understand that *Honor Flight Fayette* does NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight Fayette* activities and will not hold *Honor Flight Fayette* responsible for any injuries incurred by me while participating in the *Honor Flight Fayette* program.

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

Please submit this form to:
Honor Flight Foundation of Fayette, Inc.
ATTN: Volunteer Application
PO Box 1209
Fayetteville, GA 30214
Or e-mail to: info@honorflightfayette.org
Or fax to: (770) 460-5281