



# 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 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* at: 937-521-2400 or visit the website at [www.honorflight.org](http://www.honorflight.org).

*Thank you for your support!*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Your Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are You A Veteran?:  Yes  No

If you're veteran, please indicate your BRANCH of service, WHEN and WHERE you served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. How did you learn about Honor Flight? \_\_\_\_\_

2. Why are you volunteering for Honor Flight? \_\_\_\_\_

3. Please list any prior volunteer experience. \_\_\_\_\_

4. There are several volunteer opportunities. Please indicate any and all of interest to you:

### ADMINISTRATIVE SUPPORT

- Administrative Assistant – In Office
- Administrative Assistant – From Home

### SPECIAL EVENTS

- Event Planning
- Fundraisers

### OUTREACH

- Information Booths
- Speaker's Bureau

### TRIP SUPPORT

- Contact Veterans
- Ground Transportation in Departure City
- Airport Check-In Assistance
- Guardian (Completion of separate application required)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

6. Please list two (2) personal references:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Numbers: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Numbers: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

7. Emergency contact information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Numbers: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

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***Please Review Carefully and Sign Below:***

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 of 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 ***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.

SIGNED \*: \_\_\_\_\_ DATE: \_\_\_\_\_

\* If under the age of 18, parent/guardian must also sign and date below.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE: \_\_\_\_\_

PLEASE SUBMIT COMPLETED FORM TO:

BADGER HONOR FLIGHT, INC.



P.O. BOX 258066  
MADISON, WI 53725

OR E-MAIL TO: [info@badgerhonorflight.org](mailto:info@badgerhonorflight.org) (Note: E-mail applicants must sign and scan document before sending)

**PLEASE COMPLETE BACK PAGE**