

***“DOCTOR” APPLICATION**

The Never Forgotten Honor Flight would not be successful without the support of our Medical Team on each flight. Doctors play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include, but not limited to, physically assisting the veterans at the airport, during the flight and at the memorials, dispensing medications, and other duties as requested by our Chief Medical Officers (CMOs), Drs. Bill Nietert & Ryan Gossett. For further information, please contact our CMOs directly.

**(MD/DO/NP/PA)*

Bill Nietert, 715-571-4042, williamn@aspirus.org or

Ryan Gossett, 262-370-8441, rgossettm@yahoo.com

We take three medical doctors on each flight designated as “Medics” and assign one to each of the three tour buses. Each wears a red baseball cap with “MEDIC” in white letters on the front, so they are easily identifiable by everyone on the flight.

Thank You for your support!

First Name: _____ Middle Name: _____

Last Name: _____

(Please list your full first name, middle name, and last name. This is important

And required to board the plane. Also, add any titles that are a legal part of

your name such as Jr., Sr., etc. If you have no middle name, please write the word

"none" in the blank.)

NICK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING: _____ MOBILE: _____

E-MAIL: _____ AGE: _____ DOB: _____ GENDER: __ M __ F

Where do you practice medicine: _____ ARE YOU A VETERAN? __ YES __ NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:

1. How did you learn about the Never Forgotten Honor Flight organization?

2. Why are you volunteering for Never Forgotten Honor Flight?

3. Please list any prior volunteer experience:

4. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail: _____ Phone (day): _____ (evening): _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail: _____ Phone (day): _____ (evening): _____

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

7. Please note your medical field of expertise:

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Never Forgotten 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 Never Forgotten Honor Flight program. I hereby release the photographer and Never Forgotten Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Never Forgotten Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Never Forgotten 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 "medic" and I understand that neither Never Forgotten Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Never Forgotten Honor Flight Network activities and will not hold Never Forgotten Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Never Forgotten Honor Flight responsible for any injuries incurred by me while participating in the Never Forgotten Honor Flight program.
3. "Medics" pay their own way (APPROXIMATELY \$500-tax deductible) and are required to attend a training session, which will be held on the afternoon of the Pre-Flight Dinner." DO NOT SEND A CHECK UNTIL YOUR APPLICATION HAS BEEN

APPROVED AND YOU HAVE BEEN CONTACTED TO BE A MEDIC.

SIGNATURE *: _____ DATE: ____/____/____

(E-mail applicants will be required to sign prior to actual trip date) (Day Month Year)

SIGNATURE: _____ DATE: ____/____/____

Please submit this form to: Never Forgotten Honor Flight, Inc.

ATTN: Doctor Application

P.O. Box 5056.

Wausau, WI 54402-5056 or e-mail to: info@neverforgottenhonorflight.com