Volunteer Application for Never Forgotten Honor Flight

Never Forgotten 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 both at the beginning and at the end of each trip.



For further information please contact Never Forgotten Honor Flight at 715 573-8519 or www.neverforgottenhonorflight.org.

| Name: | | | | | | |
|--|--------------------|------------------------|--------------------|-------------|--------|----|
| First | MI I | Last | [| Date: M | /D | /Y |
| Address: | | | | | | |
| City: | | State | e: Zip Co | ode: | | |
| Phone: Day | Eveninç | g | Mobile | | | |
| E-Mail Address: | | | | Αί | је | |
| Occupation: | | | _ Are you a Vet | teran? | _Yes _ | No |
| T-Shirt Size : S M | L XL | XXL | | | | |
| If a Veteran please indi 1. How did you learn a | | | | | | |
| 2. Why are you volunte | ering for Never Fo | orgotten Honor Flig | ght? | _ | | |
| 3. Please list any prior | volunteer experie | ences. | | | | |
| 4. There are several ve | olunteer opportuni | ities. Please indica | ate all areas of i | nterest to | you. | |
| Administrative |) | | | | | |
| Outreach (i.e. | Information booth | n, speaking) | | | | |
| Special Event | ts (Planning, Fund | d Raising) | | | | |
| Trip Support | like to be a quard | lian on the flight nle | aasa saa sanara | ate annlica | tion) | |

| 5. Pleas | se list the be | st time for you | to work as a | volunteer. | | | |
|----------|-----------------|-----------------|--------------|------------|----------|----------|----------|
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning | | | | | | | |
| Afternoo | on | | | | | | |
| Evening | | | | | | | |
| 6. Pleas | se list two (2) |) personal refe | erences. | | | | |
| 1 |) Name: | | | | | | |
| | Address: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Relationsh | nip to applican | t: | | | | |
| 2 |) Name: | | | | | | |
| | Address: _ | | | | | | |
| | City/State/ | Zip: | | | | | |
| | E-Mail Add | dress: | | | | | |
| | Phone Nu | mber: | | | | | |
| | Relationsh | nip to applican | t: | | | | |
| 6. Eme | rgency Conta | act Informatior | າ: | | | | |
| | Name: | | | | | | |
| | Address: _ | | | | | | |
| | City/State/ | Zip: | | | | <u> </u> | |
| | E-Mail Add | dress: | | | | | |
| | Phone Nur | mber: | | | | | |
| | Relationsh | ip to applican | t: | | | | |

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 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 Honor Flight promotional material and publications, and waive any rights of compensation or ownership there of.
- 2. I further state that medical insurance is the responsibility of the volunteer and I understand that neither Never Forgotten Honor Flight nor the provider of 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, or the flight provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of the Never Forgotten Honor Flight responsible for any injuries incurred by me while participating in the Never Forgotten Honor Flight program.

| SIGNED * | Date |
|---|------|
| (E-mail applicants must sign prior to providing volunteer services) | |
| *If under 18 a parent or guardian must also sign and date below | |
| Parent or Guardian | Date |

Please submit this form to: Never Forgotten Honor Flight
Attention: Volunteer Application
4404 Rib Mountain Drive #234
Wausau, WI 54401

Or e-mail to: info@neverforgottenhonorflight.com