

**Volunteer Application for Never Forgotten Honor Flight** (rev. 29 Sept 2104)



**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](http://www.neverforgottenhonorflight.org).

Name:

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date: M \_\_\_ /D \_\_\_ /Y \_\_\_

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

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Are you a Veteran? \_\_\_ Yes \_\_\_ No

T-Shirt Size : S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ XXL\_\_\_

If a Veteran please indicate the Branch of Service and when and where did you serve: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_ Administrative

\_\_\_\_\_ Outreach (i.e. Information booth, speaking)

\_\_\_\_\_ Special Events (Planning, Fund Raising)

\_\_\_\_\_ Trip Support  
(If you would like to be a guardian on the flight please see separate application)

***Please complete page 2***

5. Please list the best time for you to work as a volunteer.

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

6. Please list two (2) personal references.

1) Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

6. Emergency Contact Information:

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

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

***Please complete page 3***

**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**

**P. O. Box 5056**

**Wausau, WI 54402-5056**

**Or e-mail to: [info@neverforgottenhonorflight.com](mailto:info@neverforgottenhonorflight.com)**