

For Honor Flight Tallahassee Use Only: Last Name \_\_\_\_\_ Date Received \_\_\_\_\_  
Form # 1 Tracking Number \_\_\_\_\_



## ***VOLUNTEER APPLICATION***

**Honor Flight Tallahassee, Inc.** would not be successful without the generous support and help from our Volunteers. Volunteers play an important and significant role for our flights, ensuring that every veteran has a safe and memorable experience. Assistance is needed 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. If you have questions or comments, please call us at 850-606-2100 or email us at [info@honorflighttallahassee.org](mailto:info@honorflighttallahassee.org)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

Are you a veteran? Yes No If yes, branch, dates, and where you served \_\_\_\_\_

How did you hear about the Honor Flight organization? \_\_\_\_\_

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

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

Please list any medical experience you may have (e.g. CPR, EMT, Paramedic): \_\_\_\_\_

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**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: \_\_\_\_\_

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

**ADMINISTRATIVE SUPPORT**

\_\_\_\_\_ Administrative Assistance

**OUTREACH**

\_\_\_\_\_ Information Booths

\_\_\_\_\_ Speakers Bureau

**SPECIAL EVENTS**

\_\_\_\_\_ Event Planning

\_\_\_\_\_ Fundraising

**TRIP SUPPORT**

\_\_\_\_\_ Contact Veterans

\_\_\_\_\_ Ground Transportation in Departure City

\_\_\_\_\_ Airport \_\_\_\_\_ Check-in Assistance (Pre-flight) \_\_\_\_\_ Welcome Home celebration at airport  
(Post-flight)

\_\_\_\_\_ Guardian (Separate application is required)

**Please list the best times for you to volunteer:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>	_____	_____	_____	_____	_____	_____	_____
<b>Afternoon</b>	_____	_____	_____	_____	_____	_____	_____
<b>Evening</b>	_____	_____	_____	_____	_____	_____	_____

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**Please review carefully, sign and date:**

- That as a condition to being a Volunteer for Honor Flight Tallahassee, Inc., I will be doing so at my own risk. Honor Flight Tallahassee, Inc., as well as their agents, staff, volunteers, officers, sponsors etc., shall not be held liable for, and are hereby released from any claims, liabilities, losses, damages, costs or expenses related to or arising out of any injury to my person or property. I personally hereby forever release, acquit, discharge, indemnify and hold harmless the aforementioned entities, its agents, officers and employees etc., from any and all causes of action including personal liability, illness, death, property damage, costs, charges, claims demands and liabilities of any kind. It shall be further understood that any and all medical and/or cancellation insurance is the responsibility of the applicant, volunteer and/or guardian.
- I shall also give permission for the free use of my name and photo likeness in broadcast, telecast, written, pictorial accounts and promotions of Honor Flight Tallahassee, Inc.
- I further understand that medical insurance is the responsibility of the volunteer. I also understand and agree that Honor Flight does not provide medical care.
- I will be able to perform my duties as a volunteer and have not medical conditions that will prohibit my participation.
- I have read and understand the terms of this application and have signed voluntarily.

**SIGNATURE:**

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*(E-mail applicants will be required to sign when beginning service)**

**Volunteers are selected by Flight Leadership based on qualifying criteria.**

**Please submit this form to: Honor Flight Tallahassee  
P.O. Box 12033  
Tallahassee, FL 32317**

**Please visit our website at [www.honorflighttallahassee.org](http://www.honorflighttallahassee.org) for further information about our Honor Flight program.**