



Volunteer Application

Freedom Fighter Honor Flight would not be successful without the dedicated help provide 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.

Thank you for your support!

NAME: _____ DATE: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Day: _____ Evening: _____ Cell: _____

E-MAIL: _____ AGE: _____

OCCUPATION: _____ ARE YOU A VETERAN? YES/ NO

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

1. How did you learn about the Honor Flight Organization?

2. Why are you volunteering for Honor Flight?

3. Please list any prior volunteer experience. _____

PLEASE COMPLETE NEXT PAGE

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

ADMINISTRATIVE SUPPORT

- Administrative Assistance- In Office
- Administrative Assistance- From Home

OUTREACH

- Informational Booths
- Speaker's Bureau

SPECIAL EVENTS

- Event Planning
- Fundraisers

TRIP SUPPORT

- Contact Veterans
- Ground Transportation in Departure City
- Airport Check- In Assistance
- Guardian (Completed Separate application required)

5. Please list the best time for you to volunteer.

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

6. Please list One (1) personal reference.

Name: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

7. Emergency contact information:

Name: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document *Freedom Fighter Honor Flight* trips and events, his/her image may appear in public forum, such as the media or a website, to acknowledge, promote, or advance the work of the *Freedom Fighter Honor Flight* program. I hereby give permission for my images captured during *Freedom Fighter Honor Flight* activities through video, photo, or other media, to be used solely for the purpose of *Freedom Fighter 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 veteran and I understand *Freedom Fighter Honor Flight* does **NOT** provide medical care. I understand that I accept all risks associated with travel and other *Freedom Fighter Honor Flight* activities and will not hold *Freedom Fighter Honor Flight* responsible for any injuries incurred by me while participating in the *Freedom Fighter Honor Flight* program.

SIGNED: _____ DATE: ____/____/____

PLEASE SUBMIT THIS FORM TO:

Freedom Fighters Honor Flight
15600 NE 8th St., Suite B1-678
Bellevue, WA 98008-3900

Phone: 425-458-5878

