Last Name:



VOLUNTEER APPLICATION



Honor Flight[®] of West Central Florida, Inc. ("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. Please consider the wide range of opportunities; every little bit helps. For further information, please contact us at info@honorflightwcf.org or call us at 727-498-6079. Thank you for your support!

YOUR NAME:					SE	EX:	
	First	Middl		Last			
ADDRESS:							
CITY:		COUNT	Y:	STATE:	ZIP:		
PHONE:		C	ELL PHONE	:			
L-IVIAIL ADDRESS				D.O.B.:		(MM/DD/YYYY)	
YOUR SHIRT SIZE:	Small] Medium	🗆 Large	Extra Large (XL)	□ XXL	□ XXXL	
OCCUPATION:				COMPANY:			
Are you currently serving or have ever served in the military? If YES, please complete the following:							
I am: □ Active □ Vietna					Other:		
BRANCH OF SERVICE:				DATES SERVED:			
EMERGENCY CONT	ACT INFORMA	TION:					
NAME:	RELATIONSHIP:						
PHONE:	CELL PHONE:						

NOTE: IF APPLYING TO BE A GUARDIAN, YOU MUST COMPLETE A GUARDIAN APPLICATION!

First, tell us what your strengths are – don't be shy!

STRENGTHS

- ____ Social Media
- ____ Data Entry
- Photography
- ____ Fundraising
- ____ Public Speaking
- ____ Organizing, creating mail packets

There are several volunteer opportunities. Please indicate any that interest you:

- ____ FUNDRAISING
- _____ POINT OF CONTACT Calling Veterans, Guardians, volunteers, admin support
- ORIENTATION 4x's per year always on Saturday afternoons
- ____ DEPARTURE ON THE MORNING OF FLIGHTS 4x's per year always on Tuesdays, 3-6a.m.
- ____ WELCOME HOME CELEBRATION 4x's per year always on Tuesday evenings, 6-10p.m.

PLEASE REVIEW CAREFULLY AND SIGN.

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to document Honor Flight trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release any photographer/videographer and Honor Flight from all claims and liability relating to said photographs/videos. I hereby give permission for my images captured during 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 or compensation or ownership thereto.

2. I understand that I may be featured on news reports or in photographs or video taken by media or news outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Honor Flight will NOT provide my name, address, telephone number, or any other personal information to any news or media outlet personnel.

3. I understand that medical insurance is the responsibility of the individual passenger and I understand that Honor Flight does NOT provide medical insurance or travel insurance. I understand that Honor Flight personnel do NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

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4. I understand that all information regarding Veterans, Guardians, and Volunteers entrusted to me by Honor Flight personnel is considered confidential and will be safeguarded and not shared with any other person or entity for any purpose other than the intended use by Honor Flight.

SIGNATURE*:	DATE:	
PRINT NAME:		
*If under 18, parent/guardian must also sign & date:		
PARENT/GUARDIAN SIGNATURE:	DATE:	
PRINT NAME:		

If you filled out a printed version, please mail to:

Honor Flight of West Central Florida P.O. Box 55661 St. Petersburg, FL 33732