

LAST NAME: _____ DATE RECEIVED: ____/____/____

Screaming Eagle Honor Flight *Volunteer Application*

Screaming Eagle 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 Screaming Eagle Honor Flight on our website or email us at screamingeaglehf@charter.net

Thank you for your support!

NAME: _____ Date: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____

OCCUPATION: _____ ARE YOU A VETERAN: YES NO

If a veteran, please indicate BRANCH of service, when and where did you serve: _____

1. How did you learn about Honor Flight? _____

2. Why are you volunteering? _____

3. Please list any prior volunteer experience: _____

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

ADMINISTRATIVE SUPPORT:

- Administrative Assistant-In Office
- Administrative Assistant-From Home

OUTREACH

- Informational Booths
- Speakers Bureau

SPECIAL EVENTS/FUNDRAISERS

- Run an Event/Fundraiser
- Event/Fundraiser Planning
- Volunteer to work at an Event/Fundraiser

TRIP SUPPORT

- Contact Veterans
- Ground Transportation in Departure City
- Airport Check in Assistance

Medical team on Flight

Doctor Nurse EMT Military Combat lifesaver Other _____

List Medical Experience or Training _____

5. Please list dates and times best suited for you to volunteer: _____

List at least one (1) personal reference

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone Numbers: Day: _____ Evening: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone Numbers: Day: _____ Evening: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document *Honor Flight* trips and events, his or her image may appear in a public forum, such as the media or website, to acknowledge, promote, or advance the work of the *Honor Flight* program. I hereby release the photographer and *Honor Flight* from all claims and liability relating to said 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 further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signature: _____

Date: ____/____/____

Please submit this form to:

Screaming Eagle Honor Flight
ATTN: Volunteer Application
P.O. Box 20075
Clarksville, TN 37042