



Volunteer Application Honor Flight Columbus

Honor Flight Columbus would not be successful without the dedicated help provided by the volunteers. Volunteers are important – from clerical support to airport assistance aiding 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 Bobbi and Bill Richards, *Honor Flight Columbus* at **614-284-4987** or visit us on the web at **honorflightcolumbus.org**.

Thank you for your support.

NAME _____ DATE: ____ / ____ / ____
M D Y

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Day _____ Evening _____ Mobile _____

E-MAIL ADDRESS: _____

AGE _____ OCCUPATION: _____

ARE YOU A VETERAN? ___ Yes ___ No If yes, 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.

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

ADMINISTRATIVE SUPPORT

___ Administrative Assistance

OUTREACH

___ Informational Booths ___ Speaker's Bureau

SPECIAL EVENTS

___ Event Planning ___ Fundraisers

TRIP SUPPORT (Guardian - separate application required.)

___ Contact Veterans

___ Ground Crew at Columbus Airport (greeting, Welcome Home planning and/or participation, moving wheelchairs to gathering area/storage; etc.)

PLEASE COMPLETE BACK PAGE

5. Please check the best times for you to volunteer.

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

6. Please list two (2) personal references.

Name: _____

Address: _____

E-Mail Address: _____

Phone Numbers: Day _____ Evening _____

Relationship to applicant _____

Name: _____

Address: _____

E-Mail Address: _____

Phone Numbers: Day _____ Evening _____

Relationship to applicant _____

7. Emergency contact information:

Name: _____

Address: _____

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 ***Honor Flight*** trips and events, his/her 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 the photographer and ***Honor Flight*** from all claims and liability relating to said photographs. 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 of compensation or ownership thereto.

2) I further state that medical insurance is the responsibility of the volunteer and I understand that ***Honor Flight*** does **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.

SIGNED *: _____ DATE: ___/___/___

(E-mail applicants must sign prior to providing volunteer services)

* If under 18, parent/guardian must also sign and date below:

DATE: ___/___/___

PARENT/GUARDIAN SIGNATURE

**Please submit this form to: Honor Flight Columbus
Attn: Volunteer Application
2185 Ridgecliff Rd, Columbus OH 43221
Or e-mail to: columbus@honorflight.org**