

FOR HONOR FLIGHT DAYTON USE ONLY: LN _____ DR ____/____/____
MM DD YYYY



VOLUNTEER APPLICATION

Honor Flight Dayton would not be successful without the generous support of our volunteers. Assistance is required from office, clerical and logistical 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 to help recognize and thank our veterans. For further information, please contact us at (937) 322-4448 or visit our website at www.honorflightdayton.org. Thank you for your support.

Your Name: _____
(first) (middle) (last)

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Day:(____) _____ Evening:(____) _____ Cell:(____) _____

E-Mail Address: _____ DOB: _____

Occupation: _____ Are you a Veteran? Yes No

If a veteran, please indicate branch of service and when and where you served:

Why are you volunteering for Honor Flight Dayton? _____

Please list any prior volunteer experience. _____

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

ADMINISTRATIVE SUPPORT

Clerical support from home

OUTREACH

Information Booths

Speaking Engagements

SPECIAL EVENTS

Event Planning

Fundraisers

Contact Veterans

TRIP SUPPORT

Ground Transportation in Departure City

Airport Check-in Assistance

Welcome Home Ceremony Support

OTHER SUPPORT (Describe what support you would like to perform.)

PLEASE COMPLETE BACK PAGE

Please list the best times for you to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL REFERENCES

(1) Name: _____ Relationship: _____

Address: _____

Phone: Day (____) _____ Evening (____) _____ E-Mail: _____

(2) Name: _____ Relationship: _____

Address: _____

Phone: Day (____) _____ Evening (____) _____ E-Mail: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: (____) _____ Evening:(____) _____ Cell:(____) _____

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 Dayton 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 Dayton program. I hereby release the photographer and Honor Flight Dayton from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight Dayton activities through video, photo, or other media, to be used solely for the purposes of Honor Flight Dayton 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 volunteer and I understand that neither Honor Flight Dayton Inc. nor the provider of aircraft or other transportation provides medical care. I hereby accept all risks associated with travel and other Honor Flight Dayton activities and will not hold Honor Flight Dayton, Inc., its board members, guardians, volunteers, the transportation provider or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight Dayton, Inc. responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE *:

_____ Date: ____/____/____
MM DD YYYY

*If under 18, a parent/legal guardian must also sign and date below.

SIGNATURE *:

_____ Date: ____/____/____
MM DD YYYY

Please submit this form to: Honor Flight Dayton, Inc.
Attn Volunteer Application
200 Canary Court
Enon, OH 45323

Or e-mail to: HFDoffice@woh.rr.com