

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 aiding veterans at the airport 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, including fundraising events. For further information, please contact us at (937) 322-4448 or visit our website at www.honorflightdayton.org. Thank you for your support!

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

Address: _____

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

Preferred Phone: (____) _____ Alt Phone: (____) _____

E-Mail Address: _____ T-shirt Size: _____

Are you a veteran? Yes No If yes, please indicate branch of service and when and where you served:

Please indicate all areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Mail Call | <input type="checkbox"/> Information Booths |
| <input type="checkbox"/> Organize and sort paperwork | <input type="checkbox"/> Speaking Engagements |
| <input type="checkbox"/> Contact Veterans for Special Events | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Airport Check-in Assistance Morning of Flight |
| <input type="checkbox"/> Flight Preparation | <input type="checkbox"/> Airport Hospitality |
| <input type="checkbox"/> Helping Transport Veteran to/from Airport on Flight Day | <input type="checkbox"/> Welcome Home Ceremony Support |
| <input type="checkbox"/> Wheelchair Support | |

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

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document Honor Flight Dayton (HFD) 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 HFD program. I hereby release the photographer and HFD from all claims and liability relating to said photographs. I hereby give permission for my images captured during HFD activities through video, photo, or other media, to be used solely for the purposes of HFD promotional material and publications, and waive any rights or compensation or ownership thereto. I further state that medical insurance is the responsibility of the volunteer and I understand that neither HFD nor the provider of aircraft or other transportation provides medical care. I hereby accept all risks associated with travel and other HFD activities and will not hold 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 HFD responsible for any injuries incurred by me while participating in the HFD 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 email a pdf copy of the form to: volunteers@honorflightdayton.org or call our volunteer coordinator Jennifer Loudenslager at (937) 776-3164.