

Franklin County Honor Flight Volunteer Application



Honor Flight would not be successful without the dedicated help provided by volunteers. Assistance is needed in clerical support and airport assistance to aid the veterans both at the beginning and at the end of each trip. For further information, please contact us at (636) 583-4242 or visit us on the web at www.franklincountyhonorflight.org

NAME _____ DATE: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: _____ EVENING: _____ CELL: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH: ____/____/____

OCCUPATION: _____

ARE YOU A VETERAN? YES NO

If a veteran, please indicate BRANCH of service, WHEN and WHERE you served: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

PHONE: DAY: _____ EVENING: _____ CELL: _____

PLEASE INDICATE WHERE YOU WOULD LIKE TO VOLUNTEER:

CLERICAL SUPPORT

SPECIAL EVENTS

TRIP SUPPORT

___ Stuff and address envelopes

___ Fundraisers

___ Airport Assistance

PLEASE READ 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 *Franklin County Honor Flight, Inc.* 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 *Franklin County Honor Flight, Inc.* responsible for any injuries incurred by me while participating in the program.

SIGNED *: _____ DATE: ____/____/____

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

PARENT/GUARDIAN SIGNATURE DATE: ____/____/____

* If Applicant is under 18, parent/guardian must also sign and date also.

PLEASE SUBMIT THIS FORM TO:

Franklin County Honor Flight, Inc.

Attn: Volunteer Application

PO Box 60 Union, MO 63084

FAX to: (636) 583-4191

EMAIL to: Info@FranklinCountyHonorFlight.Org